

CHEMIST & DRUGGIST

the newsweekly for pharmacy

June 8, 1991

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**On-cost shed
as Scots settle
for 11.4pc rise**

**Nicholas bought
by Roche in
surprise deal**

**AESGP launches
new European
OTC 'passport'**

**AAH merge one,
buy one, close one**

**Update on fight
against fungi**

**Pharmacy has no
future, Roberts
tells YPG**



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CHEMIST & DRUGGIST

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& PHARMACY UPDATE

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COMMENT

So the Pharmaceutical General Council has succeeded in re-casting the dies which have been used for some long time to shape negotiations on remuneration for NHS dispensing throughout the UK — on-cost and container fees have been abandoned in favour of higher fees (p934). Of course, the old model is still in use in England, Wales and Northern Ireland, but negotiators there will doubtless be scrutinising the new payment structure and the size of the settlement with interest.

The new Scottish deal is back-dated to April 1 and represents an 11.4 per cent increase on the 1989-90 package compared with the 8.25 per cent settlement achieved for contractors in England and Wales this year. When news of the Scottish initiative first broke in *C&D* earlier this year (February 23, p276), PGC chairman Graeme Millar hinted strongly that the Committee would require a more generous settlement than it would have expected to negotiate using the old pay structure, and cited the offer of 8.3 per cent then on the table for the Pharmaceutical Services Negotiating Committee as "totally unacceptable". Mr Millar has not been disappointed.

The PGC is right in believing that both within and without pharmacy there is more professional kudos in being paid a fee for dispensing rather than, in part, by a mark-up on the cost of the items dispensed. The latter smacks of trading and the former of a health profession. But even more important than this is the PGC's attempt to manage itself, and be seen to be doing so, rather than suffer the impositions of willful health departments.

Significantly, the PGC has negotiated a better deal for its essential small pharmacies and laid the groundwork for a "new money" compensation scheme next year, which it believes will enable it to have a greater influence on pharmacy distribution than has been the case with the less sympathetic penal fee scales that have been the norm.

So Scottish pharmacists are in the vanguard of changes that could well impact on their counterparts throughout the UK. With the working party on the future of pharmacy well into its deliberations, the "more professional" remuneration procedure established North of the border augurs well for the profession as a whole. New money, new roles, and new fees for such professional services are the way ahead for cost-effective High Street healthcare.

Fees up, on-cost ditched in 11.4pc Scottish deal

The Pharmaceutical General Council in Scotland has agreed to the abolition of on-cost and the container allowance in favour of higher professional dispensing fees in its 1991-92 remuneration package.

The PGC has also received an agreement from the Scottish Home and Health Department to discuss a compensation scheme for giving up dispensing contracts, possibly from next year.

The package is worth £64.6 million, up from £58m last year — an 11.4 per cent rise. Pharmacists will, from April 1, be paid at 182p for the first 1,299 prescriptions a month (1990-91, 130p), 111p (65p) for the next 1,700 and 91p (48p) for the rest. The deal assumes a 2 per cent increase in prescription volume. The abolition of on-cost means drug price rises are no longer relevant, simplifying future negotiations.

The new fees will apply to prescriptions dispensed on or after April 1. Discussions are underway about whether a supplementary adjustment will need to be made for April prescriptions (due on July 1).

On-cost remains at 25 per cent for stock orders and 10 per cent for oxygen scripts, while the period of treatment fee goes up by a third to 40p. Patient medication record annual fees rise £20 to £300, and residential home service fees go up £40 to £180.

PGC chairman Graeme Millar said: "The move away from on-cost takes away any doubt about pharmacists being the healthcare professionals in the high street. For too long we have been burdened with the impression that we profiteer from the cost of drugs. This has undoubtedly affected our standing in relation to other healthcare professionals."

Mr Millar says the decision to move away from oncost was not taken lightly. The PGC decided that it would soon be abolished, when "there might not be the opportunity of adequate negotiation."

The PGC also decided that abolishing on-cost for payment of a standard rate, independent of drug costs, would be fair to all, simplify future negotiations and afford the opportunity to use comparisons with awards to other NHS professionals.

Mr Millar told *C&D* he had "noted with interest" the move

to a two tier fee in England and Wales. In sticking with three fees, Mr Millar said the PGC had taken into account historic differences and information from recent surveys in deciding what was best for Scottish contractors.

In the agreement on future development, PGC chairman Graeme Miller says the two sides are working towards a compensation scheme, funded with "new money" from April 1, 1992, "which would enable the PGC and pharmacy to control the distribution of pharmacies without the Government or negotiating bodies being involved in attrition via the fee scales."

Compensation would not only help small pharmacies close, but help pharmacies combine or relocate into areas of greater

need, Mr Millar said. "It's important the profession manages, and is seen to manage, itself."

The Department has also agreed to review the list of drugs and threshold quantities on which the period of treatment fee is paid, and will consider further proposals on post-qualification education, and the possible introduction and funding of new roles arising out of the publication of the Working Party report.

Improved payments for Essential Small Pharmacies see the supplement for each script below 1,300 a month (to a maximum of 700) rise from £1.10 to £1.80, and bring Scottish ESPs up towards the level of support received by their counterparts South of the border.

CSM convene working party on beta agonists in asthma

The Committee on Safety of Medicines has set up a working party to look into beta agonists in the treatment of asthma, according to BBC2's "Public Eye" (May 31).

Commenting on research that seems to indicate that regular use of some beta agonists may lead to a decrease in lung function, Professor William Asscher of the CSM said: "We certainly have been sufficiently concerned to decide to set up the working party to have a look at all the published evidence regarding beta agonists and, in particular, whether they should be used intermittently or on a long term basis."

The programme questioned why the number of asthma deaths, currently around 2,000 a year, is not declining. Exhaust fume pollution, pollen from crops like oil seed rape, house dust mite, and a slowness to diagnose were all suggested as contributing, but the programme also suggested that the way asthma is treated may aggravate the problem.

"Most people suffer because of the very effectiveness of their bronchodilator drugs," said Dr Martyn Partridge of the National Asthma Campaign. Because of their efficacy in relieving symptoms patients over rely on them, he said.

Research by Dr Malcolm

Sears of New Zealand and Dr Constant van Schayck of the Netherlands has shown that regular use of some beta agonists may decrease lung function.

The possibility that this was common to beta agonists was supported by some specialists and dismissed by others. The programme suggested the introduction of long acting compounds like salmeterol (Serevent) made resolution of the controversy more important.

Glaxo was criticised for claims made in early Serevent advertisements that the drug had anti-inflammatory properties. However, Dr Robert Smith, for the company, said the evidence had been accepted by the Medicines Control Agency.

Glaxo appreciated that the anti-inflammatory claims may have led doctors to believe they should reduce or modify doses of steroids, he said. The company has altered advertisements from "helping to control inflammation" to read "complementing inhaled steroids" and has written to GPs stressing the importance of maintaining steroids. The CSM is expected to tell doctors that "present evidence does not indicate that Serevent is associated with an important safety hazard, so long as it is prescribed correctly."

Coleman president, Allen steps up

David Coleman, a rural community pharmacist from Stalham, Norfolk has been elected president of the Royal Pharmaceutical Society of Great Britain, to follow Mrs Linda Stone.

Mr Coleman, who recently stood down as deputy chairman of the Pharmaceutical Services Negotiating Committee, took office after his election at this week's Council meeting.

David Allen, a community pharmacist proprietor from Chigwell, Essex, has been elected vice-president.



David Coleman



David Allen

PSNC protest over delays

Pharmaceutical Services Negotiating Committee chairman David Sharpe is demanding payment of lump sums from previous years' underpayments without delay.

The Committee has been informed that the £4.5m from 1989-90 and the estimated £8.9m from last year will now not be paid until November and February 1992, rather than June and September this year as it was led to believe.

Mr Sharpe, writing in *PSNC News*, says PSNC would have rejected the offer if it had known such delays were likely. In a letter to Health Secretary William Waldegrave, Mr Sharpe says he has suggested the Department authorise payments of 90 per cent of the amounts due as soon as possible.

Pharmacy role highlighted in health promotion Green Paper...

The central role of high street pharmacies in improving healthcare is stressed in the Government's consultative document "The Health of the Nation".

The document emphasises that high street pharmacies are among the specialist providers of health services who, for the majority of people, constitute the most frequent point of contact with the NHS. The Government recognises that many people look to pharmacies as the first source of treatment and advice.

Other front line specialties such as family doctors, dentists, community nursing staff and opticians also play a similar role. The document recognises that the commitment of these agencies — and their staff — is central to achieving the aims of their strategy for improving healthcare.

Stressing the importance of continuous improvement in quality of service, the Government looks to all health service providers including district health authorities and family health services authorities to set high quality standards, and to the regions to drive this process forward.

The 100-page plus document recognises that quality of service can have a therapeutic value and be of "enormous psychological benefit". It states: "It is important from first contact with a receptionist, GP or primary health care professional, particularly for long-stay and terminally ill patients."

Mr William Waldegrave, the Health Secretary, told the Commons the range of objectives for improving health standards in

England outlined in the consultative document marked the beginning of an intensive five month discussion process.

Among the possible targets to be set in the light of the consultation exercise is increasing the proportion of infants breastfed at birth from 64 per cent in 1985 to 75 per cent by the year 2000, and who are wholly or partly breastfed at six weeks from 39 per cent in 1985 to 50 per cent by the year 2000.

● A Labour policy document "The Better Way to a Healthy Britain", published earlier this

week, advocated closer co-operation between hospitals and primary care services.

This would be brought about by merging district health authorities and family health services authorities, it said.

Labour also plan to widen family planning facilities by permitting GPs to prescribe condoms, and restore free eye tests and dental checks.

Labour's proposals for improving mental health envisage reducing the use of tranquillisers by increasing access to psychiatrists.

...Society says 'health of the nation needs pharmacists'

The health promotion skills of Britain's pharmacists are a vital NHS resource that is going to waste, says the Royal Pharmaceutical Society in its response to the Green Paper.

The Society called for a more central role for community pharmacists in achieving targets in disease prevention.

"At a time when every available NHS resource is stretched to the limit, it makes no sense to underuse the training and skills of pharmacists who, for

many years, have been quietly getting on with the business of voluntarily advising the public on healthy living and the use of medicines," said president Linda Stone.

She added that pharmacists' track record in health promotion showed that they have the motivation and skills to help achieve key targets in the Green Paper. "It is high time these skills were brought in to form a properly resourced service," Mrs Stone said.

Savings on DU therapy

The NHS could save thousands of pounds if duodenal ulcer patients

were given more appropriate maintenance therapy, an economist claimed last week.

Professor Alan Maynard, director, Centre for Health Economics, University of York, said that H₂ receptor antagonists — which account for most of the £90 million a year spent on recurrent peptic ulcer disease — healed duodenal ulcers but did not offer a permanent cure, so patients needed repeated courses or had to be given expensive long-term maintenance therapy.

A more cost-effective approach would be to prevent relapse by eradicating the stomach bacterium, *Helicobacter pylori*, now believed to be responsible for duodenal ulcers. This could be done by using bismuth compound in combination with two antibiotics, as recommended by last year's World Congresses of Gastroenterology working party.

GPs uncertain about HRT

There is considerable uncertainty among GPs as to the balance of beneficial and harmful effects of hormone replacement therapy, concludes a study in the *British Medical Journal* (June 1, p1317).

Over 1,000 questionnaires showed an estimated 9 per cent of women aged 40 to 64 were receiving HRT. Some 55 per cent of GPs were prescribing an oestrogen plus progestogen to more patients than a year before.

Over half the GPs questioned would consider HRT for prevention of osteoporosis in asymptomatic women.

BRIEFS

The Professional Standing Committee of the Joint Boots Pharmacists' Association are urging all employee pharmacists to organise themselves so their combined efforts can be of service to the profession. The Committee would like to make contact with similar groups to exchange views on opinions and aspirations.

At the quarterly meeting of the Committee it was decided to research the problems of rural dispensing and doctor dispensing. The Committee expressed its delight at chairman John Carr's success in the recent RPSGB Council elections.

The head of a project investigating drinking and medication habits in pregnancy has written to paracetamol manufacturers in an attempt to explain the apparently high usage of paracetamol. According to a report in *Pulse* (June 1) at 18 weeks gestation 54 per cent of women took paracetamol "sometimes" compared to only 4 per cent who took aspirin. The study, by Bristol's Institute of Child Health, also found that 11 per cent of women took migraine medication during the first trimester.

Pharmacists at the Whittington and Royal Free hospitals in London have developed a rectal gel formulation of aminophylline for the treatment of apnoea in premature newborn babies (*The Lancet*, June 1). The product was successfully used to treat seven premature babies.

Sustained administration of the trivalent ion chelator desferrioxamine may slow the progression of dementia associated with Alzheimer's disease. A paper in *The Lancet* (June 1, p1304) reports that patients who received intramuscular desferrioxamine (five days a week for 24 months) showed a significant reduction in the rate of decline of daily living skills compared to placebo or no treatment.



The training topic for the 20th Chemist & Druggist seminar for pharmacists and assistants was homocopathy and the event was sponsored by Weleda. The speakers (from left) were Mike Fourie, production manager, Dr Peter Fisher, consultant at the Royal London Homoeopathic Hospital, and sales manager Roger Barsby. Their papers can be found on 953-955

Pharmacies as 'centres for health'

Community pharmacies should become "centres for health" and provide information, including books and videos, to assist in maintaining and improving good health, says Sheffield Local Pharmaceutical Committee.

The LPC have followed Liverpool LPC in producing a 20-page strategy document for the future of community pharmacy in the city. It details a vision of the future in which pharmacies provide a different mix of services alongside the core dispensing role. It relates evidence submitted to the Department of Health's Working Party on the future of community pharmacy to local initiatives.

The LPC says the Family Health Services Authority should make better use of these centres for health which are "cunningly disguised as pharmacies". It suggests the FHSA could rent an area to display a locality map showing local health services, and providing local practice leaflets, information on CHCs and the sale of prepayment certificates. "The cost is likely to be much less than that necessary to set up a city centre "health shop" and it would be very user-friendly, the LPC says.

Among the other ideas the LPC would like to see adopted are: grants for pharmacies in deprived areas, a properly remunerated 24-hour service, and changes in the regulations to allow pharmacists to supply small amounts of medication for minor ailments to exempt patients.

The LPC hopes the document will form an agenda for discussions with the FHSA on including some suggestions into the Authority's strategic plan for 1992.

C&D puts you in touch...free

Need a locum, or a manager, or do you just have something to sell?.. If so, why not give C&D's new **Business Link** service a call.

Each week, C&D will devote a page to subscribers' wants... and, what's more, the service is completely free. Turn to p967 for this week's **Business Link** and for more information.

The 9.2 per cent clawback on PIs referred to in last week's issue, p888, should have read 0.92 per cent.

TOPICAL REFLECTIONS

by Xrayser

Peaking on advice

One of my local surgeries is very keen on peak flow meters for their asthmatic patients and the practice nurse holds regular sessions to train patients in their use. However, this nurse is ever more harrassed because of the excessive work load placed upon her, and when I recently spoke to the senior medical partner, I suggested that perhaps it would ease her burden if the patient training was done by the local pharmacists. He thanked me for my offer but said that, whereas he had total confidence in me, he had no control over *which* pharmacy might give that training.

In a nutshell this is the identity problem facing community pharmacy. I have known this doctor for years, and we have built up an excellent professional relationship, but he will still not trust pharmacy to practise what I preach. That the two professions could work together to the benefit of the patient is not in doubt, but he still questions the willingness and ability of *all* community pharmacists to offer that commitment. The substance for that doubt must be removed, and all those good practice recommendations from the Royal Pharmaceutical Society made obligatory *now*, thus ensuring that the minimum standards of practice necessary for our expanded role are universally attained.

Taken for a rural ride?

The howls of anguish from Dr Roberts are reminiscent of the crocodile tears of the young urchin caught scrumping apples. Let off with a strong lecture, he runs away



screaming foul, but with the booty still in his pocket. The problems of Dr Roberts are best treated by reasoned political argument, but the problems of Evesham and similar "rural" towns are more acute.

The present "prejudice" regulations work against pharmacy when there is a sufficiently good service operated by the local pharmacies, so that a reduction in their numbers would not harm that service. This is a nonsense and should be immediately revised.

The regulations must emphasise the intention that pharmaceutical services should ideally be supplied through pharmacies, with all applications for dispensing only being considered where the local pharmaceutical service is shown to be inadequate. At the same time, Dr Roberts' assertions could be properly tested and the one mile rule scrapped. The *only* criteria would then be deficiency of service, and I know rural pharmacists would welcome the challenge.

Little and good?

Unichem have decided to compete with shortline OTC wholesalers head-on (C&D June 1 p891), but I am always nervous of monopoly, and find the services of my local small wholesaler very, very useful. Admittedly, he only holds a limited number of lines but his prices are sharp, he often supplies that unusual special offer, and with his friendly service is trying to survive in an intensely competitive environment.

Short-line ethical suppliers do put an unreasonable burden on the full-line wholesalers, but with counter goods the same responsibilities of medical care do not apply. I say good luck to my local "small" man, and while he gives me the service I presently enjoy I will continue to support him.

COUNTERPOINTS



Hygieia's Confident enters tampon market

Hygieia Healthcare are launching an applicator tampon which they believe will become a major player in the UK feminine hygiene market. Confident will be available to the trade from mid-June and brings some "special and distinct" features to the applicator tampon sector, says the company.

One feature of Confident tampons, said to be unique in the UK market but common in Europe and North America, is that they are wrapped in a very fine coverstock which virtually eliminates the problem of fibre shedding, where parts of the tampon may remain inside after removal. Confident packs invite users to "try the tumbler test" and see the difference between a Confident tampon and a best selling brand.

Another advantage of the tampons, which are made from a cotton rayon mix to British Pharmacopoeia Standard, is the sewn in withdrawal cords. The packs carry an "environmentally

friendly" logo and warnings about how to use the tampons.

Hygieia say their research identified a market opportunity for a tampon with more contemporary appeal. Confident is aimed at women between the ages of 18 and 35. In contrast, established brands tend to see teenage recruitment as important, and are perceived as having a "somewhat dreary outdated image", say Hygieia.

Confident will be available in packs of eight and 30 and initially in two absorbencies — regular and super. They will have a lower on-shelf price than the leading applicator brand, say Hygieia.

The launch will be supported by a 25p-off consumer promotion on packs of 30. These packs also offer 25p-off-next purchase coupons and a refund guarantee if consumers are not satisfied. Advertising in women's magazines is also planned. *Hygieia Healthcare Ltd. Tel: 091-584 2110.*

Peaudouce on TV again

Peaudouce are supporting Ultra T nappies with a £250,000 campaign on TV-am until the end of July. Two versions of the 20 second commercial will be shown

alternately throughout the campaign, concentrating on different features of the nappy. *Peaudouce UK Ltd. Tel: 0952 680044.*

Do you know when you've had enough sun?

Sherwood Skincare are launching Suncheck, a product designed to tell sunbathers when their skin has been exposed to enough sun by responding to UVB rays.

Suncheck is available as a wristwatch design, which is water resistant, and said to continue to monitor the sun's rays while swimming. The product comes in packs of ten (£3.99), suitable for all skin types.

The sun monitor also comes as a sticker, which can be adhered to skin. They are available for sensitive and normal skin (20 £2.99). The stickers also come in animal shapes for children (14

£2.99) and are designed for sensitive skin. Each sticker has a white area which turns blue when the wearer has had enough sun exposure.

Sherwood say Suncheck can be used in conjunction with sunscreens and will not affect their efficacy.

The company is investing £100,000 to support the brand. In-store support includes a counter display and explanatory consumer leaflet. As an introductory offer retailers buying all products in the range will receive 12 free assorted packs worth £38.88. *Sherwood Skincare. Tel: 0602 431109.*



Fast Aid gets new look

Robinson Healthcare have relaunched their Fast Aid plasters and introduced two new economy size packs.

The new packs, which hold 40 assorted plasters, are available in stretch fabric and washproof

varieties.

The graphics on-pack have been updated and more emphasis put on the Fast Aid brand name, with a new "Fast Aid for faster healing" logo. *Robinson Healthcare. Tel: 0246 220022.*

Brighter look for Infacol

Infacol has been repackaged, giving it a new image and emphasising its value for money. The relaunch will be supported

by continuous advertising throughout the year, including a Press campaign. *Pharmax Ltd. Tel: 0332 550550.*

Win a holiday with Nair

Carter Wallace are promoting their relaunched Nair range with competitions and money-off vouchers this Summer.

Consumers will have the chance to win a Club Med holiday in Corfu for four people. Entry forms, containing product information, will be dispensed from a Nair counter display. To enter, consumers have to answer eight questions and return the form with proof of purchase before December 31.

A leaflet drop to about 250,000 17-30 year olds is planned. It will include details of the competition and a 50p off coupon redeemable against Nair 120ml lotion, Nair Glide-On 100ml, Nair was strips and the Nair trial kit.

And for pharmacists there is a competition with the chance to win a holiday for two in Italy. It will be based on product knowledge questions and will be available to pharmacists who display the Nair consumer promotion. *Carter Wallace. Tel: 0303 850661.*

Imperial Leather push

Imperial Leather is back on television and in the Press this month, in a £3 million campaign from Cussons.

The Julie Walters commercial makes a comeback, with Imperial Leather shower gel advertised first. The television campaign breaks June 10 and runs until the end of July. The shower gel will be supported by a Press campaign, featuring the entire range, appearing in the *Daily Mail*, *Daily Mirror*, *TV Times*, *Woman's Own* and *Woman's Weekly*. Also included is a 15p off coupon, redeemable against any product in the range. *Cussons. Tel: 061 792 6111.*

Soothing Summer offer

Schering-Plough have a special offer on their Lacto Calamine lotion. With outers of 12 100g packs customers will receive two free Lacto Calamine creams (£1.49). AAll customers are offered £1 off the normal trade price of Lacto Calamine cream and a free display outer. *Schering-Plough. Tel: 0638 716321.*



Henkel launch Poly colorant and perm

Henkel Cosmetics have launched two additions to the Poly hair range, following their move to the UK earlier this year.

Poly Color Easy Color (£2.35) is a semi-permanent colorant with conditioning agents. It comes in an applicator bottle and is available in 12 shades. The colour lasts for about eight shampoos, says the company. And Henkel are offering consumers a money back guarantee if they are not satisfied with the results.

The product is aimed at 15-35 year old women and will be supported by a £1 million spend in

the first year, including a television and women's Press campaign.

Poly Style Deep Care Perm (£3.65) is a liquid perm containing casein, said to condition hair while it curls. It is suitable for all hair types. It comes in two variants — long lasting body and wave or long lasting bouncy curls.

The product is aimed at 25-30 year old women. It will be supported by a £900,000 promotional spend, including a women's Press campaign, in its first year. *Distributors Warner Lambert. Tel: 0703 620500.*



Rugby on a rope

M&R Norton have taken out a worldwide licence with the organisers of the Rugby World Cup to use the official logo on the packaging of their new rugby ball-shaped soap.

The rugby ball soap on a rope retails at £2.99. It is available for delivery on July 1 and comes packed 15 to an outer (£25.50). Showcards are available. *Distributors Jackel International. Tel: 091-250 1864.*

Windsor shed light on UVA

Windsor Healthcare have brought out a new Uvistat leaflet, entitled "UVA — a little light on the subject".

The booklet gives information on sunlight and its effects on skin, SPF's and UVA screening. It also gives a list of the Uvistat range.

Copies of the leaflet are available from Windsor representatives or by contacting *Windsor Healthcare Ltd. Tel: 0344 484448.*

Sparkling health

Andrews liver salts is sporting new pack graphics, along with an on-pack competition 'Win a sparkling Spa weekend', offering consumers the chance to win one of six weekend breaks for two at various English spa towns.

The pharmacist with the best window display along the theme 'Wake up your natural sparkle with Andrews' will also win a weekend away. To enter, send a photograph of the display to *Sterling Health* by October 31.

A new Milk of Magnesia promotion also starts this month, offering consumers the chance to win one of 100 first-aid travel kits every month for four months. Bottle sleeves give entry details, and promotional display material is available, say *Sterling Health. Tel: 0483 65599.*

Instant highlights

Jerome Russell have introduced Spray in Highlights (£2.99), for instant highlights in a choice of nine colours including warm copper, beach blonde and red wine. The colours wash out easily, and the spray is ozone-friendly and is not tested on animals, say *Jerome Russell. Tel: 081-478 7771.*

Sea sponge offer

Natural Sponges Ltd have embarked on a new sales drive aimed at pharmacists.

The company has produced a trial order pack of 22 sponges (£47 including VAT), of varying types and sizes, all individually wrapped.

The special offer is available by direct mail. Pharmacists should contact the company at *Unit C2, Priors Court, Priors Hare Road, Corby, Northants NN17 1YG. Tel: 0536 412474.*

Givenchy are offering consumers a free travel kit in a promotion that begins on June 10 and lasts for two weeks. On purchase of any two items from Givenchy's Swisscare range, customers will receive a pochette containing Balancing Mist (50ml) and Hydrating Cream Mask (15ml). *Parfums Givenchy Ltd. Tel: 0932 245111.*

**IF THIS PAGE REPRESENTS
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Progress is a balanced blend of milk solids, vitamins and minerals for babies of 6 months or older. Used in conjunction with solid feeding, it provides the nourishment essential to a baby's healthy and sustained growth. Progress is not intended to replace breast feeding or infant formula.

a year-on-year doubling for Progress, making it the fastest growing milk in the market place. And around 80% of our sales are through pharmacies.

We believe the market could eventually grow to match the size of infant formulas themselves.

Clearly there's a lot of Progress to be made. Equally clearly you stand to gain the most from our comprehensive support programme.

So let's make Progress together.



Complan goes bananas!

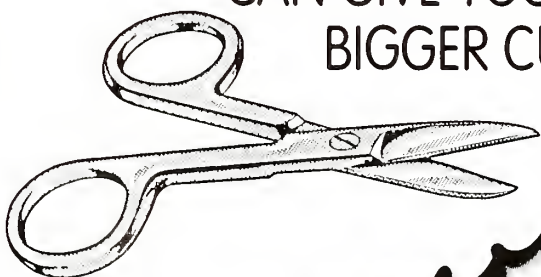
Banana flavour has been added to the Complan range of supplement drinks following a successful test launch last September.

The addition of a banana flavour, the only one in this market sector, claim Crookes Healthcare, brings the total number of variants to six.

Complan is being supported by a £1.3m promotional spend this

year, including Press advertising and sampling. Banana shelf wobblers and showcards are available. As an introductory offer a counter unit containing 24 sachets, including banana, strawberry and chocolate Complan with money-off coupons will be available on purchase of the banana variant. *Crookes Healthcare Ltd. Tel: 0602 507431.*

DISCOVER HOW MURRAY'S CAN GIVE YOU A BIGGER CUT.



Murray's

Manicure and

Beauty accessories are

the first choice of retailers all

round the country. And no wonder: their

bright, attractive packaging ensures they move

fast off the displays, and they're quality products from the

most extensive manicure range available. Best of all is the

price, which leaves plenty of

room for a very attractive profit.

All backed up by rapid delivery,

fast service and a name you

can rely on. Call the number

below now for details

**FOR FURTHER
INFORMATION
TELEPHONE 0703
268444 NOW.**

Paul Murray Ltd, School Lane, Chandlers Ford, Hants, SO5 3YN
Chandlers Ford (0703) 268444 Fax: (0703) 261946

Footy Balls

A device claiming to eliminate odour from footwear is available from JCB Developments.

Footy Balls are designed for use in trainers and activity footwear. They contain an ingredient which emits a fragrance to keep shoes smelling fresh.

When shoes are not in use, simply twist to open and place in the toes. Footy Balls (£2.35) can also be placed in lockers, sports bags, laundry bags and storage cupboards, and last about 12 weeks, say *JCB Developments Ltd. Tel: 0243 531319.*

Good Knight!

An insect repellent bed sheet made of cotton treated with chrysanthemum extracts has been launched by Shopfield Ltd.

According to independent laboratory tests, Good Knight (£9.95) repels common pests including cockroaches, lice, fleas and mosquitos and is effective for seven days after opening. It is recommended for travellers, including campers in both the UK and abroad, say *Shopfield Ltd. Tel: 081-550 4933.*

Pharma Nord (UK) Ltd have introduced three products to extend their Bio series of dietary supplements. Bio-Antioxidant (£15.25) contains antioxidants and supplementary nutrients.

Bio-Quinone (£8.95) contains ubiquinone (co-enzyme Q10). Bio-Calcium (£5.25) contains calcium, magnesium and silicon combined in a chew or easy to swallow tablet. *Pharma Nord (UK) Ltd. Tel: 0670 519989.*

Baby's first toothbrush

Wisdom are launching a baby toothbrush for children aged one to four years.

Wisdom Baby (£0.87) has soft, end-rounded filaments and small handles. It comes in either pale pink or green and is blister packed. It comes in white display trays of one dozen. *Addis Ltd. Tel: 0992 584221.*



Pharmax have introduced GSL packs of Mucogel in 120ml (£1.14) and 240ml (£1.89) sizes. Mucogel, which is available on prescription, previously had Pharmacy status. It will remain available through pharmacies only, says the company. The launch is being supported by a national colour Press campaign together with sales promotion activity and a public relations campaign. Pharmax Ltd. Tel: 0322 550550.

ON TV NEXT WEEK

GTV Grampian	C4 Channel 4	TV-am Breakfast Television
B Border	U Ulster	STV Scotland (central)
BSB British Sky	G Granada	Y Yorkshire
Broadcasting	A Anglia	HTV Wales & West
C Central	TSW South West	TVS South
CTV Channel Islands	TTV Thames Television	TT Tyne Tees
LWT London Weekend		

Anadin Extra:	All areas except Y,A,HTV,CTV,TVS,LWT & TTV
Clorets:	All areas
Imperial Leather:	TTV,Y,A,TVS,TSW,HTV
Impulse Bodyspray:	All areas except TVS,TV-am & Sky
Kyomi:	All areas except TV-am & Sky
Libra Bodyform:	All areas except CTV,LWT, TTV & C4
Listerine Coolmint:	All areas
Milupa infant foods:	TV-am
Peaudouce "Ultra T":	All areas
Slim-Fast:	All areas except G,Y,A,CTV, & TT
Ultra Togs Nappies:	All areas except CTV & TTV
Wella Colour Confidence:	STV,B,G,Y,A,HTV,TSW,TT & C4
Wrigley's Extra/Orbit sugar-free chewing gum:	G

Roche launch Vascace

Roche have launched Vascace (cilazapril), a long acting non-thiol-containing angiotensin-converting enzyme inhibitor. It is indicated for all grades of essential hypertension and renovascular hypertension where standard therapy is ineffective or inappropriate because of adverse events.

The oval, film coated tablets are blister-packed and available in four strengths: pink, marked Roche 0.25, containing 0.25mg cilazapril (28 tablets, £3.87); white, marked Roche 0.5, containing 0.5mg cilazapril (28, £4.10); light yellow, marked Roche 1, containing 1mg cilazapril

(28, £7.06) and reddish-pink, marked Roche 2.5, containing 2.5mg cilazapril (28, £10.67; all prices trade).

Vascace should be administered once daily, at about the same time of day, and can be taken before or after meals as food intake has no significant influence on absorption, say Roche. Most common side effects are headache and dizziness, and transient effects may include fatigue, hypotension, dyspepsia, nausea, rash and coughing.

For dosages, contraindications and warnings see Data Sheet. Roche Products Ltd. Tel: 0707 328128.

Carace Plus diuretic

Thomas Morson Pharmaceuticals, division of Merck Sharp and Dohme, have launched Carace Plus, a combination of the ACE inhibitor lisinopril and the diuretic hydrochlorothiazide. The product is indicated for mild to moderate hypertension in patients who have been stabilised on the individual components, in the same proportions.

Carace Plus contains 20mg lisinopril and 12.5mg hydrochlorothiazide. The yellow, hexagonal tablets are scored and marked MSD 140. They are available in bottles of 28 (£20.30) and 56 (£40.60; both prices trade).

In one study, Carace Plus reduced systolic blood pressure by 17.8 per cent and diastolic pressure by 15.7 per cent. This compares with a reduction of 10 per cent and 9.1 per cent respectively with Carace 20mg alone and 7 per cent and 6.4 per cent for hydrochlorothiazide 12.5mg, say Merck Sharp & Dohme Ltd. Tel: 0992 467272.

recommended starting dose is 50u/kg, three times a week via the subcutaneous route rather than intravenously. Dosage may be increased in 25u/kg increments (three times weekly) until the desired response is achieved. Cilag Pharmaceuticals. Tel: 0240 243541.

BRIEFS

Evans Medical Ltd have announced that supplies of Wellcome cholera vaccine have resumed. This follows a temporary supply arrangement where demand was being met by vaccine manufactured by Merieux, France. Evans Medical Ltd. Tel: 0403 41400.

Sigma Pharmaceuticals have introduced a generic danazol. The 100mg capsules (100, £24.60) are grey/light grey and marked G/DL100. The 200mg capsules (100, £48.87; both prices trade) are red/white and marked G/DL200. Generics (UK) Ltd will sell the product. Sigma Pharmaceuticals plc. Tel: 0923 50201.

Sherwood Medical Industries advise that their range of urinary leg bags and drainage bags will be available on the Drug Tariff from July 1. The Argyle leg bag comes in 350ml, 500ml and 750ml sizes with a 10cm or 30cm tube length. The Drug Tariff price will be £20.50 for 10. The Argyle 2000ml drainage bag will be priced at £9.20 for 10. Sherwood Medical Industries Ltd. Tel: 0293 534501.

Dovonex ointment is now available in 100g tubes (£22.85 trade) as well as 30g, say Lco Laboratories Ltd. Tel: 08444 7333.

Novantrone (mitozantrone) 20mg/10ml, 25mg/12.5ml and 30mg/15ml preparations now have a shelf life of three years from manufacture, rather than two years, say Lederle Laboratories. Tel: 0329 224000.

Eprex for pre-dialysis

Eprex, Cilag Biotech's erythropoietin is now indicated for severe anaemia of renal origin accompanied by clinical symptoms, in patients with renal insufficiency not yet undergoing dialysis.

Eprex, launched in May last year, was previously only indicated for anaemia with chronic renal failure in dialysis patients.

For pre-dialysis patients the

World's largest trial on a garlic product - Kwai of course!

Kwai leads the world in scientific research into garlic with over £6 million already invested and 25 papers published including 7 in the British Journal of Clinical Practice.

Now the International Journal 'Drug Research' has published the excellent results from Kwai's latest - and largest - trial concerning cholesterol and triglycerides; a multicentric placebo-controlled double-blind study by Mader et al involving 261 people and 30 G.P.'s.

This unique programme of trials is only made possible through Kwai's high level of standardised active ingredients in an odour-controlled tablet form. And that's what makes Kwai such an effective and successful product with consumers too!

Kwai® Highly Concentrated Garlic Tablets.

Lichtwer Pharma UK Limited, Dominions House, 64 High Street, Burnham, Bucks SL1 7JT

... much more like
'real' food than other pre-prepared
products.

Congratulations on an excellent product.
Just one question - do you intend to
introduce an 'Olvarit' dessert
range?

Yours faithfully
Sharon Taylor
(and Alice!)

**Yes we have,
Mrs. Taylor
(and Alice).**

For more information please contact Cow & Gate Ltd.,
Trowbridge, Wilts. BA14 0XQ. Tel (0225) 768381.



Thank you so much for your letter.

It is one of hundreds we have received, praising our Olvarit main courses.

As a result you will be delighted to know that we have introduced ten new Olvarit desserts and four new Olvarit breakfasts to complement our existing main courses.

Tell Alice to keep an eye open for our television advertising for these delicious new foods. It runs throughout the summer from June to September.

Meanwhile, you'll find that many retailers are already making more room on their shelves to take our new varieties, where they will sit side by side with our already popular Cow & Gate Original Babymeals.

Mrs Taylor, Alice, sorry if we kept you waiting.

Yours sincerely,

**Cow
& Gate**

**Olvarit Babymeals.
Now with new Breakfasts and Desserts.**



New 'Passport' handed to EC

With the International Film Festival just ended, some 550 delegates gathered in Cannes for the 27th Annual Meeting of the European Proprietary Medicines Manufacturers' Association (AESGP) to discuss the European consumer and self-medication



Dr Heinz Schmidgall

The AESGP president Dr Heinz Schmidgall has presented Fernand Sauer, head of the pharmaceutical division at the Commission of the European Communities with a new "Passport to Europe" — a summary of product characteristics for non-prescription medicines in the EC.

The booklet contains draft Euro-SPCs and leaflets on four compounds — acetylsalicylic acid, ibuprofen, paracetamol and bisacodyl — and an explanation of the role they will play in the decentralised registration system available for non-prescription medicines after 1992.

In addition to the Commission, AESGP intends to submit these proposals for discussion with the Committee for Proprietary Medicinal Products, pharmaceutical committees, doctors and pharmacists, consumer organisations, and the various national health authorities. In the UK, the Proprietary Association has initiated discussions with the Medicines Control Agency. The aim is that these draft Euro-SPCs and leaflets should be adopted as the European standard for the development of further SPCs for key ingredients used in non-prescription medicines, Dr Bernd Eberwein, of the German Association told the conference.

He explained that national registration systems will be maintained for evaluating the safety and efficacy of ingredients, which would each be issued with a SPC. SPCs issued in one Member State for non-prescription products would become product "passports" to market authorisation in other Member States. The information given to consumers would accord with the SPC and leaflet.

"Everybody agrees that doctors and consumers should have the same information on the same medicines," said Dr Eberwein.

Commenting on "Passport to Europe", AESGP director Hubertus Cranz said: "When dealing with non-prescription medicines it makes sense for the information to be the same and given in an understandable form,

but we have been hampered by decisions at licensing about what the product may be for and its dosage. We hope this initiative will put us on the road to unity."

■ The Euro-SPC would list: the product name, composition, pharmaceutical form, pharmacological properties and clinical particulars (for example indications, contra-indications, undesirable effects and dosage).

The package leaflet, produced out of the SPC, would contain relevant data to enable safe use which had been translated into consumer language. The headlines on these leaflets would be: what is in the pack; what is it for; check before you take this product if pregnant or breast feeding; use in children; how to take; side-effects; important; holder of market authorisation.

Legislation will determine progress of self-medication

Self-medication has been gaining momentum in Europe but major legislation currently being drafted will determine whether it continues, or is halted or reversed, said Peter Jensen, managing director, health and personal care, Smithkline Beecham.

A new study comparing self-medication in a number of European countries has painted, for the first time, a portrait of the pan-European consumer as cautious and responsible about using medicines, believing they should be taken only when necessary. When consumers do take medicines, they are likely to be non-prescription products. This basic principle of self-medication is generally accepted throughout Europe, but the practice is at different levels of development, Mr Jensen explained.

The growth in self-medication is a positive response to winds of change sweeping across the continent; people want more control over all aspects of their lives and in healthcare are less likely to rely on doctors to treat minor ailments, he said.

Governments are encouraging this because of the contribution self-medication makes to general medical and health services in Europe. They are building on the fact that consumers are capable of making reasoned and sensible choices about when self-medication is appropriate.

Growth in self-medication has further been encouraged by the accelerated movement of products from prescription only to over-the-counter sale, for example ibuprofen, hydro-



Peter Jensen

cortisone, loperamide, astemizole, mebendazole and Nicorette. SB is currently looking at the possibility of a move for cimetidine, Mr Jensen told delegates.

The first key piece of legislation that will determine the progress of self-medication is the labelling and leaflet requirement for medicinal products, says Mr Jensen. The industry endorses the draft Directive's call for more information but feels that even more importantly it should be in easily understood language. The proper choice and use of OTC medicines depends on clear pack instructions, he said, and

encouraged the exploitation of the industry's experience in such communicating with consumers.

The advertising draft Directive says that advertisements should contain the name of the product, what conditions it treats, and should invite consumers to refer to pack instructions. This has met with less approval, said Mr Jensen. One large group has tabled amendments to the Directive requiring advertising to carry more information, such as contra-indications, side-effects, possible interactions and warnings. But this simply duplicates the requirements of the labelling and leaflet directive and assumes that information is the same as communication.

Mr Jensen warned that too much information can become a barrier to effective communication, confusing the consumer and making it impossible to achieve the objective of safe and proper use of non-prescription medicines.

Rather than a clutter of information, advertising should focus on the clear communication of a few essential messages, Mr Jensen said. He pointed to the failure of advertising campaigns where too much information had been crowded in and demonstrated this with the results of a Proprietary Association of Great Britain's study. This confirmed the Commission's view that while it is often counter-productive to try to communicate everything in advertising, there is considerable benefit in referring consumers to the pack for detailed instructions on safe use.

continued on p948

Would you recommend a No.2 painkiller to your No.1 customer?



Numerous clinical studies have settled the issue: Nurofen is one of the most effective analgesics you can recommend for pain. Even your own.

Nurofen (ibuprofen) is more effective than aspirin or paracetamol in relieving headaches, dental pain, period pain, flu symptoms, — in short, most common indications. And, unlike paracetamol and codeine, Nurofen is anti-inflammatory.

This efficacy is accompanied by an equally good safety record. In overdose, Nurofen is safer than either aspirin or paracetamol and has been shown in clinical trials to have a better tolerability profile than aspirin in normal doses.

Also, Nurofen is rapidly excreted and is less likely than aspirin to have an adverse effect on the gastrointestinal tract.

So it's no wonder that Nurofen, supported by a £5 million TV campaign, appeals to more and more people. We hope you recommend it. Because, when you really compare Nurofen to any other analgesic, we think you will come to the inevitable conclusion. There's no comparison.



We invite comparison

The top 300 O.T.C. products at net prices.



Without the catch.

The problem with getting your O.T.C. products from a short line wholesaler is that you may also get short line credit terms and long term deliveries. Get them from a cash and carry of course, and you won't even get that!

UniChem's new net pricing policy, on the other hand, means you can get your O.T.C. products at the same highly competitive prices — but with all the back up of a full line wholesaler.

That means normal credit terms. And twice-daily deliveries. (And of course, whenever there are special promotions on any of these products, the price will be even lower.)

So instead of getting your O.T.C. products from one place and your medical products from another, doesn't it make sense to put them all on your UniChem account?

Just select the products from our new, easier-to-use, two-part monthly product directory. And we'll deliver them twice daily.

That way, you can save time on ordering and delivery. And take your time paying.



HELPING YOU BUILD YOUR BUSINESS THROUGHOUT THE YEAR.





Martin Bangemann

continued from p944

This is what consumers want, Mr Jensen told the conference. The Consumers' Association has stressed "the importance of providing clear and useful information to consumers at appropriate stages in the marketing, purchase and use of OTC medicines." This reflects the view of industry, he said.

"To implement this and to help industry best serve the consumer, we need a legislative framework which enables us to move forward with that consumer," said Mr Jensen. He identified a need for legislation that encourages self-medication by encouraging industry's continued investment in product development, new technologies and innovation; which encourages further movement from POM to OTC; and which focuses on the need to provide the right information at the right time and in the right way.

Legislation must allow product advertising to play its vital role in making consumers aware of the wide range of products available for self-medication, and help self-medication ease pressure on state healthcare services.

"We need legislation that will enable industry to harmonise its response to the changing aspirations and emerging self-medication needs of European consumers," Mr Jensen said.

■ The first lecture and voting on the pharmaceutical directives will take place in the European Parliament next week, AESGP President Dr Heinz Schmidgall told the conference. Based on overall balanced proposals of the Commission many restrictive amendments have been considered over the last month, particularly on pharmaceutical advertising. Many were hard to understand and no longer based on common sense. But the EC Commission would give answers to all proposals and decide on what could be accepted or not, he said.

EC will stick to criteria for product authorisation

The Commission will stick firmly to the three criteria — safety, efficacy, and quality — required for product authorisation, its vice-president Martin Bangemann told the conference.

The future of authorisation is at the heart of the programme to establish a Single Market for pharmaceuticals. After 1993, there will be two main procedures: centralised (for new products, biotechnology and other sensitive products), and a decentralised procedure, which will be the normal route for most products, and will be based on the mutual recognition principle.

This latter procedure could raise the problem that a product

already authorised in one Member State would have to be withdrawn from the market if there was a disagreement about its efficacy and the arbitration was negative. The Commission is aware of this problem, said Mr Bangemann, but EC legislation has been based on the three criteria for more than 15 years; it would be very unwise to depart from them now, he warned. If efficacy was abandoned, some products would become "second class" medicines.

There are solutions to the problem: the company could withdraw the application; any negative decision on a procedure initiated by a competitor would

affect only that product and not similar ones; "well established medicinal use" will be taken into account.

Mr Bangemann pointed out that the three criteria had been satisfactory for "reviewing" old medicines. "The long term advantages of a serious regulatory process for granting marketing authorisations which would be respected throughout the world should not be undermined by the short term interests of some products," he said.

Euro-consumer revealed

A study of 14,000 Europeans in Belgium, France, Germany, Italy, Netherlands, Spain and the UK has revealed some facts about Europeans and health. Delegates were told by Francoise Rostad, of Secodip, France, that 93 per cent of Europeans say health is the most precious possession, and no longer just for the rich. "The most urgent actions necessary to improve healthcare are: investment in research (97 per cent), the fight against pollution (96 per cent) and the fight against alcohol (86 per cent).

They also found that 78 per cent of Europeans think their health depends on their personal efforts and hygiene. The second most important factor is good information on health and how to preserve it (54 per cent). When it comes to sources of information, most people still see their doctor for major (87 per cent) and minor (63 per cent) ailments. Pharmacists are sixth in line with 17 and 19 per cent respectively; the media is second for minor complaints.

European perceptions of health problems are not the same. The French (47 per cent) top the table with fatigue problems, whereas only 14 per cent of Germans complained. With headaches 63 per cent of Brits say they suffer, whereas only 35 per cent of Germans do. Other differences were seen in the frequency of consulting doctors and in attitudes. In Britain 91 per cent say pharmacists give good advice, whereas only 64 per cent of Germans felt that.

When Europeans resort to self-medication, they know what problems they can treat themselves and which are more serious, especially in Britain. At this stage, 50 per cent consult their pharmacist, whereas 34 per cent buy previously prescribed medicines or ask their doctor for a repeat prescription, and 32 per cent use something already in the home. Only 5 per cent say they are influenced by advertising.

Commission 'pleased' with progress on rational use

The Commission of the European Communities is "very pleased" that the Parliament supports the three proposals on the rational use of medicines, vice-president Martin Bangemann told the conference.

The Commission has tried to find a balance between the need to establish a Single Market where medicinal products can circulate, and the requirements of health and consumer protection. It will accept amendments from the Parliament which improve the proposals without disturbing this balance, he said.

The three key issues involved in the rational use of medicines are: labelling and leaflets, advertising and legal status. As regards labelling and package leaflets, which are to be compulsory from 1992, the proposal aims to harmonise requirements in order to facilitate the free movement of products. A balance must be found between consumers' expectations and not putting excessive burden on the industry; balance is also necessary between labelling and leaflets, especially of OTC products, said Mr Bangemann.

The advertising proposal met with much reluctance when it was first announced, Mr Bangemann

acknowledged, but most people — including the industry and all the Member States — accept the principles. "There is nothing diabolical about advertising," Mr Bangemann said.

Advertising is an important tool of consumer information especially for OTC products. These can be advertised to the public; advertising should be practicable and allowed on all media.

"The Commission will not accept the numerous amendments put before Parliament which restrict advertising to certain media or require endless information to be mentioned," Mr Bangemann said. It would accept the amendment that there should always be a warning "read the label or the leaflet carefully" and would consider whether "reminding advertising" should be accepted for advertising to the public.

Concerning the proposal on legal status, the Parliament has suggested simplifying the system and concentrating on the essential distinction between medicines available only on prescription or without. The Commission would follow that suggestion, said Mr Bangemann.

■ Mr Didier Brunet, of Belier Eurocom, France, spoke to delegates about consumer attitudes towards OTC television advertising in Europe. Their main findings were:

- men are more favourable than women to OTC advertising on TV
- although opinions differ

according to age among consumers, under 45s are relatively more favourable

● For OTC advertising, the European consumer does not yet exist, so advertising campaigns must now be adapted to the habits, attitudes and behaviour of each country.

Abbreviated Prescribing Information Migraleve Tablets. **Indications:** For the treatment of migraine attacks which can include the symptoms of migraine headache, nausea and vomiting. **Presentation:** Pink tablets: Buclizine Hydrochloride 6.25 mg, Paracetamol PhEur 500 mg, Codeine Phosphate PhEur 8 mg. Yellow tablets: Paracetamol PhEur 500 mg, Codeine Phosphate PhEur 8 mg. **Dosage and administration:** Adults: *Treatment:* 2 Pink Migraleve immediately it is known that a migraine attack has started or is imminent. If symptoms persist, 2 Yellow Migraleve every four hours. Maximum 8 tablets (2 Pink and 6 Yellow) in 24 hours. *Treatment should always start with the Pink Tablets.* Children: 10-14 years: One Pink Migraleve initially. If required, 1 Yellow Migraleve every four hours. Maximum 4 tablets (1 Pink and 3 Yellow) in 24 hours. Elderly (over 65 years): As for adults. **Contra-indications, warnings etc:** Side-effects: Drowsiness may, theoretically, be caused by the small antihistamine content of Pink Migraleve, but this has never been apparent from clinical observations. *Use in pregnancy:* Whilst there are no specific reasons for contra-indicating Migraleve during pregnancy,

as with all drugs, it is recommended that Migraleve be used with caution in pregnancy. Migraleve is not contra-indicated in breast-feeding mothers. **Precautions:** Patients suffering from high blood pressure should first be treated for this condition independently. Because of the possibility of drowsiness, consideration should be given to patients involved in hazardous occupations. **Treatment of overdose:** As for paracetamol (oral methionine or i.v. acetylcysteine) and codeine (injection of naloxone). **Recommended prescribing:** **On first presentation - Migraleve Duo 48 o.p. 2 Pink stat. 2 Yellow q.q.h.** (The Duo pack contains 32 Pink and 16 Yellow tablets. Basic N.H.S. price £4.68). Subsequently, taking patient experience into account, either Pink or Yellow Migraleve may be prescribed in multiples of 48, so avoiding a double prescription charge. **Product Licence Number:** 0232/5008R. **Product Licence Holder:** Charwell Pharmaceuticals Ltd., Charwell House, Wilson Road, Alton, Hampshire GU34 2TJ. Full prescribing information available by post.



Charwell Pharmaceuticals Ltd.

Power over migraine



Migraleve is already the leading migraine treatment.¹ And its position at centre stage will be guaranteed with a new advertising campaign, running throughout the year.

Doctors will be certain to prescribe new Migraleve 48 Duo packs for new and current migraine sufferers.

Stocks are already at your wholesaler. So order now, because there is no closed season for migraine.

NEW Migraleve48 DUO

Pink tablets – buclizine hydrochloride 6.25 mg, paracetamol 500 mg, codeine phosphate 8 mg. Yellow tablets – paracetamol 500 mg, codeine phosphate 8 mg.

POWER FROM THE START

GET MORE FROM THE BEST EVER.

Gillette Sensor, the most successful shaving system of all time, now launches new Sensor 10's.

Sensor 5's are already the No.1 blade in the UK. They've been the driving force behind a 22% value growth in the blades market. While the Sensor razor has already captured more than 52% of all razor sales.

The range, which is highly responsive to television, is heavily supported by a £6.9 million advertising campaign as well as currently being on promotion, so be prepared for a massive increase in demand.

With a premium price and an excellent track record for increasing the profitability of the razor and blades markets – Gillette Sensor, more than any other shaving system, deserves a generous display.

£2.1 MILLION TV CAMPAIGN NOW RUNNING, MAY/JUNE.



Gillette®

The Best a Man Can Get™

Still No.1



There's no denying it, roll-ons haven't changed since the 50's.
The brand leader in 1958 is also the brand leader today.* **mum**

*Source: AGB Superpanel 12 w/c 12 May 1991



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CHEMIST & DRUGGIST

PHARMACY TRAINING SEMINAR

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HOMOEOPATHY

This is the twentieth of a *Chemist & Druggist* initiated series of training seminars for pharmacists and their assistants — sponsored jointly with companies which have a particular expertise in the chosen subjects

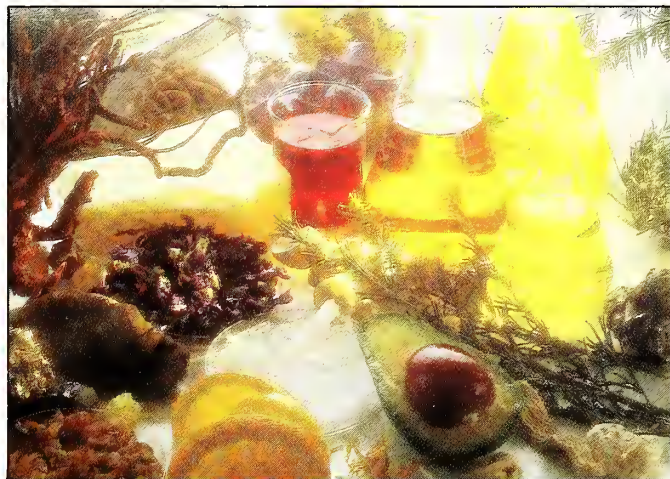
What is homoeopathy?

Dr Peter Fisher MRCP, FFHom, consultant physician, Royal London Homoeopathic Hospital and honorary lecturer in Rheumatology and Complementary Medicine, St Bartholomew's Medical College, explains the theory behind what he believes is the most enigmatic of all the so-called complementary therapies

Homoeopathy is the only complementary therapy which has always been available on the NHS, guaranteed by the 1946 NHS Act. It is the only form of complementary medicine which has its own dedicated NHS facilities — there are five NHS homoeopathic hospitals, and homoeopathic medicines are freely prescribable on the NHS. Homoeopathy also has a long standing royal connection; for many years the British royal family has had a homoeopathic doctor among its medical attendants.

Unlike other complementary therapies, homeopathy has traditionally been practised by doctors with a normal medical training who have studied it as a postgraduate speciality, although there are now increasing numbers of practitioners who are not doctors. This is due to a peculiarity of British common law. While it is illegal for persons without recognised qualifications to practise as vets, dentists or pharmacists, there is no law to restrict the practice of medicine to qualified persons. Britain is the only EEC state which does not have such a law.

My personal interest in homeopathy started when I visited China as a medical student in the early 1970s, towards the end of the Cultural Revolution when acupuncture and herbal medicine were being vigorously promoted. This experience opened my eyes to the fact that there is more to medicine than is



taught in medical school! Soon afterwards I was successfully treated with homoeopathy for an illness which had failed to respond to conventional medicine. I worked for 18 months as a junior doctor at the Royal London Homoeopathic Hospital, before returning to conventional medicine to complete my consultant training.

Like cures like

Despite being so well-established, homoeopathy is the most misunderstood and controversial of all the complementary therapies. It is not so much a technique as an idea, quite a simple idea: "Let like be cured by like". In selecting a medicine the homoeopath looks for a medicine which, in a healthy person, causes

an illness similar to that of which his patient complains.

The idea is similar to immunisation, but much extended. It has been described as "holding a mirror up to nature" — making the body recognise the nature of its disease by giving a tiny dose of something which causes a similar disease. The aim is to restore good health by stimulating and directing the body's inherent capacity, rather than the destruction or suppression of disease processes.

Potentisation

The most controversial feature of homoeopathy is the use of extremely small doses. The early homoeopaths used the same large doses of medicines as were used in the orthodox medicines of the



The succussion process

day. Not surprisingly, they found that many patients got a lot worse before they improved.

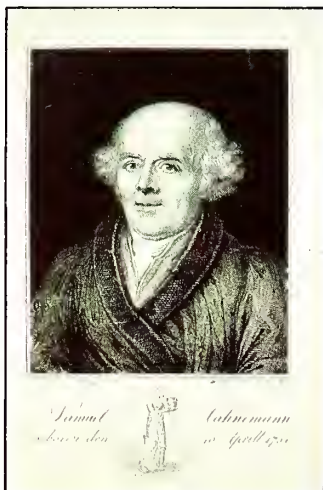
This resulted in a gradual reduction of doses, culminating in the special process by which homoeopathic medicines are made, "potentisation". In this process, the medicine is diluted 1:100 (for the c or cH potencies) or 1:10 (for the x or D potencies), vigorously shaken, then again diluted 1:100 or 1:10, shaken and so on. This procedure rapidly results in very high dilutions: repeating 1:100 dilution 10 times, will give a concentration of 10^{-20} .

The problem is that matter is not infinitely subdivisible, so that this process eventually results in all the original substance being diluted out. The limit beyond which there is unlikely to be a

molecule of the starting substance present can be calculated from Avogadro's Law. It varies from substance to substance, but all potencies of 12c or 24x (ie 10^{-24} dilution) and above are "ultra molecular", and the ultra molecular limit is considerably lower for some substances.

Scientific evidence

The claim that these ultra-molecular dilutions have effects which are not psychological or due to placebo effects is the source of most of the controversy surrounding homeopathy. Homeopaths believe that the drug acts as a template, leaving some kind of imprint behind — the so-called "memory of water". But this is highly controversial in scientific circles.



Whatever the explanation, there is now a substantial body of hard scientific evidence from clinical research that such effects really do exist. The *British Medical Journal* (which is not known for its sympathy to complementary medicine) recently published a detailed review of 107 clinical trials of homeopathy, concluding that "the evidence is to a large extent positive: of the better studies 15 trials showed positive results whereas in seven trials no positive effect could be detected".

Price

Homeopathy is economical, as was shown by a survey comparing the prescribing costs of GP practices including a homeopathic doctor with those of non-homeopathic practices in the same area². This study showed that 24 per cent of the homeopathic GPs' consultations resulted in a homeopathic prescription. The homeopathic doctors often advised their patients to buy the medicine OTC, because the price is usually less than the prescription charge.

Analysis of NHS prescribing showed that the homeopathic practices prescribed on average

12 per cent fewer items per person, 7 per cent fewer items per unit and showed a 20p per item reduction in net ingredient cost (despite the fact that only a small proportion of the total prescriptions generated by the practice were homeopathic). Translated into national terms, this would result in a £69 million reduction in the annual NHS drug bill. The same survey showed that the average ingredient costs of prescriptions issued at the Bristol Homeopathic Hospital was 92p, compared to the national average net ingredient cost of GP prescriptions of £4.61.

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Trends in a growing market: Starting up

Roger Barsby, sales manager, Weleda (UK) Ltd, advises how to get started

In the past four years there has been a vast shift in consumer attitudes. Public concern over "green" issues has grown and this has led people to think more about the kind of medicines they take and look more closely at alternatives.

The result is that a number of these alternatives now offer real, direct competition to major orthodox OTC brands.

This is less noticeable in the UK than in other European countries. Homeopathic remedies have achieved brand leadership in several OTC

categories throughout Europe, where markets for alternatives are already well developed.

As acceptance of alternative medicines improves and brand support through advertising increases, so the traditional "crank" image disappears and the medicines can stand side by side with their orthodox competition.

Harmonisation

There are many differences between European markets.

EC legislation will tend to diminish these differences by

A sceptic becomes convinced

An interview with Mike Fourie, MR PharmS, production manager, Weleda (UK) Ltd

"Like most conventionally trained pharmacists," says Mike Fourie, "I was initially sceptical of homeopathy. After all, how can a man, trained in the most exact measurement of substances and dosages, be expected to comprehend a medicine which has been diluted to such an extent that there is not a single molecule of the original material left? And that the more you dilute this already dilute substance the more powerful it becomes as a medicine?"

Mike trained as a pharmacist in South Africa, where all systems of

medicine are open to patients. His children were often treated with homeopathic medicines; he even dispensed them occasionally. "But I didn't take an interest in the medicines as such. I was an 80 per cent sceptic/20 per cent believer."

When he joined Weleda, therefore, he had virtually no knowledge of homeopathy. As production manager, this presented no problem in terms of manufacture — the rules and procedures were as strict and as rigid as in any pharmaceutical company.

But, at Weleda, it is a rule that only pharmacists may give advice on the use of the medicines. "I went on many courses," he says, "and I came back full of theory and enthusiasm. But, in the early days when finding myself faced with patients seeking advice, the theory flew out of the window. I found prescribing very difficult."

Symptomatic approach

A basic principle of homeopathy is that medicines should be prescribed individually by a detailed study of the whole patient — temperament, physical make-up, way of life, and so on. This is how homeopathic doctors and practitioners approach each consultation.

Mike Fourie identifies this as the *Materia Medica approach*. And in spite of all this knowledge he finds he simply hasn't the time or experience to apply this method.

"When people call in at, or telephone, our pharmacy at Weleda", he says, "I am often in the same situation as a community pharmacist; with a similar training, and a similar lack of detailed homeopathic knowledge. So I have developed a very simple system which I would broadly call the *symptomatic approach* to prescribing homeopathically."

"For instance three customers with a cold might each show different symptoms. It's important in homeopathy to fit those symptoms to the right remedy". As an example the chart suggests different cold remedies relating to different symptoms.

Homeopathic medicines for everyday ailments

Remedy

Aconite 6 Beginnings of influenza and colds, effects of fear and shock.

Arnica 6 After injury, mental and physical shock; before dental visits, operations etc; bruises and sprains; rheumatism worse for touch; physical exhaustion; sleeplessness; due to overtiredness.

Bryonia 6 Chesty colds, hard, dry coughs, aches and pains worse for movement; arthritis.

Gelsemium 6 Colds, with hot and cold shivering and flu like symptoms; influenza; sore throat; runny nose; tight headache; nervous anxiety.

Nat. mur. 6 Sinus trouble; sneezy cold; runny nose; cold sores; migraine; craving for salt.

Nux vom. 6 Nervous indigestion; early morning liverishness; indigestion two to three hours after eating; travel sickness; irritability; stuffy nose; hay fever with excessive irritation of nose, eyes, face and throat with prolonged sneezing.

Pulsatilla 6 Catarrh with yellow-green discharge; styes; weepiness, particularly in children and pre-menstrual women; menopause.

Rhus tox. 6 Rheumatism; stiffness and pain better for movement; lumbago, sciatica; sprains of joints or tendons; herpes; shingles; chicken pox.

Silica 6 Boils, abscesses; improvement of skin, hair, fingernails, sinus trouble with blocked, stuffy nose and headache.

Sulphur 6 Itching skin, dry, itching eczema; boils; inflamed, red orifices; burning sensations eg. feet hot in bed.

Suggested dosage

Adults and children: One or two tablets to be dissolved on the tongue.

Acute conditions: Unless otherwise directed — one dose two hourly for up to six doses. Thereafter and where less acute, one dose three times daily between meals for no more than a month. When relief is obtained, reduce the dosage frequently or discontinue.

Chronic conditions: One dose three times daily between meals until the condition improves. A homeopathic doctor should be consulted if no improvement is felt from the chosen remedy.

Symptom

presenting guidelines for the acceptance of alternatives and by providing assessment systems acceptable to all EC countries. But to understand how the UK market may change over the next few years we need to look at two countries which have already developed a sizeable market for alternative medicines.

France — highly developed

The French market for homeopathic medicines is relatively stable and extremely well developed. It is estimated at around £150 million and growing steadily at 10 per cent per annum. Prescription sales are strong, partly because they are reimbursable by the social security system.

The OTC market is also highly developed. Homeopathic remedies are heavily branded and supported in the media, including television, to the point that they

dominate major OTC categories. The leading OTC homeopathic brand is the number one OTC cold remedy, holding 60 per cent of the £28m market.

Germany — home of homeopathy

As Germany is the home of homeopathy, it is not surprising that again the market is well developed. The recent trend towards natural products has provided another boost in sales, showing rises from around £95m in 1987 to £120m in 1989.

The German market consists mostly of prescription lines, usually single remedies. OTC remedies, comprising specifically indicated combination remedies, account for about one third of total sales.

Homeopathic OTC brands compete alongside orthodox brands, usually via specific

Common cold	
Early stages	
First sign — sudden onset	Aconite 30c
Sore nostrils, runny nose and watery eyes	Allium cepa 6c
Eyes red and sore, burning tears	Euphrasia 6c
Later stages	
Flu-like aches and pains	Gelsemium 6c
Pains over eyes. Eyes stinging and watery nasal discharge, sneezing	Kali iod 6c
Thick yellow discharge, sweaty, chilly, bad breath	Merc Sol 6c
Thick sticky yellow/green discharge crusts in nose (thick and sticky)	Kali bich 6c

Mike Fourie also recommends using text books freely. "I often refer to text books with the customer and let him or her look through the list of symptoms. Working together, we get the most complete symptom picture and therefore are likely to choose the most effective medicine. Working with the patient, too, means that he or she becomes better informed about homeopathy and more able to self select in the future."

"I am no longer a sceptic. Working at Weleda and the contact with enthusiastic patients, doctors, nurses and pharmacists has cured me. Particularly, it was a veterinary conference I attended which convinced me most. Animals are unaware of medication; there is no placebo or auto suggestion factor and yet

they respond to homeopathic medicines very successfully.

"I am sure any pharmacist who takes the trouble to try a few homeopathic medicines will find they provide economical, safe and effective treatment for a wide variety of everyday ailments."

Mike's recommended reading

1. How to use Homeopathy Effectively (£8.95), Dr Christopher Hammond, Pub. Caritas Health Care.
2. Homeopathic Medicine, (£4.99) Dr Trevor Smith, Pub. Thorsons.
3. A Family Guide to Homeopathy (£10.99), Dr Andrew Lockie, Pub. Hamish Hamilton.

All available from Weleda or good book shops, or why not stock them yourself!



Weleda's garden

Sales of health food and alternative medicines (£m RSP)			
	1987	1989	Growth %
Specialist health food stores	200	278	39
General food retailers	125	180	44
Pharmacy	35	100	186

positioning, for example sports injury cream, hayfever remedies, cold remedies, etc. Distribution is limited by law to pharmacies. Promotion is mainly to the trade, while consumers are informed by leaflets, POS and by pharmacist advice.

Advertising is currently limited by legislation but this is about to change and no doubt this will encourage manufacturers to brand strongly and to support with other forms of advertising, such as television.

UK — limited by licensing

The UK market is worth only around £10m — one tenth of that in France or Germany.

The licensing situation has been very unclear, which has left manufacturers wary of investment in brand development. Consequently, the market has been limited to those companies that were issued with licences of right at the time of the 1968 Medicines Act — Weleda and two others. These licences are now becoming due for review. But again, the situation is complicated by impending EC regulations which may change the ways in which alternatives are viewed.

Homeopathic medicines are also restricted by the fact that few are licensed with indications. In traditional homeopathy, this is not a problem. Doctors prescribe on an individual basis, not necessarily symptomatically. But for homeopathy to flourish in the UK, OTC sales must be built up with branding and support for ailment-specific remedies.

In this way — as in France — alternative medicines will compete on shelf side by side with orthodox brands and rapidly lose their "alternative" status, becoming simply "another medicine".

Growth potential

In Europe, pharmacists are taught about homeopathy. It is an important part of the curriculum. In the UK, they are not, and this has held sales back. In recent years, however, sales through pharmacies have grown via prescription lines and also because of the ever increasing number of OTC lines available.

The table shows the phenomenal growth in sterling and percentage terms in the pharmacy sector — most, undoubtedly, to new consumers.

How to start

Try to discover if you have a homeopath in the area. This will generate greater consumer awareness and help over-the-counter sales. Usually patients who are prescribed homeopathic remedies take their scripts to a pharmacy which sells OTC homeopathics rather than one that doesn't, even if they have to travel further to do so. So, if there is a practice in your area, you are likely to pick up OTC sales and script sales simply by taking on a limited collection of OTC lines.

What is the age range of your customers? This will have an effect on the variety of homeopathic remedies you are likely to sell and it will help Weleda to suggest the right mix for your situation.



Weleda's sterile suite

Of course, the greater the range stocked, the more you will be able to offer homeopathic alternatives to your customers. Homeopathic medicines are very small, physically, and extremely good value for money, offering excellent profit margins. So the larger range does not demand a great deal of either space or money.

If you begin with a reasonable range — say the top 20 remedies — it is better to merchandise them as a block. Weleda can supply shelf units or a counter unit, and literature for your customers, for yourself and for your staff to help in counter prescribing. There are many good books which will also help you and which you can offer for sale to educate your customers in the advantages of homeopathy.

Weleda offer formal training days at Ilkeston and London, and informal training sessions in-store, together with product manuals for in-store reference. Weleda also have a team of highly trained pharmacists constantly on hand at Ilkeston to deal with problems by phone. This level of back-up service is vitally important to help launch the products in your store.



Just a few of our completely green raw materials.

Weleda have been making natural medicines for more than 60 years. We use a very large and varied range of substances as raw materials – including naturally occurring minerals and herbs, the majority of which are grown organically in our own herb garden.

These are then prepared in a variety of ways – frequently by homoeopathic dilution.

In fact, at Weleda we offer the widest range of homoeopathic medicines available in this country.

Our sales staff are highly trained to offer practical advice on stocking and selling homoeopathic products together with the variety of books and other educational literature also available from Weleda.

For full information on the Weleda OTC ranges of natural and homoeopathic medicines, please clip the coupon, or phone: 0602 309319 for telesales and information.

WELEDA **Harnessing the Power of Nature for Health**

To: Weleda (UK) Limited, FREEPOST, Heanor Road, Ilkeston, Derbyshire DE7 8DR.

Please give me full details of Weleda's ranges of natural and homoeopathic medicines.

Name _____

Position _____

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C&D

'Forked-tongued pharmacists'

Dispensing Doctors Association chairman Dr David Roberts was at the centre of controversy at the Midlands regional conference of the Young Pharmacists Group, held in Birmingham last Sunday. *C&D* reports



Dr David Roberts

"I have the greatest difficulty in seeing any logical future for community pharmacy," said Dr Roberts, chairman of the Dispensing Doctors Association. "The original role appears to be as irrelevant to modern life as a red flag in front of a motorcar."

According to Dr Roberts, computers within doctors surgeries will eventually eliminate the long stop role of the pharmacist in monitoring and dispensing. This, along with the increase in original packs and decrease in the preparation of medicines, was responsible for the decreasing importance of the pharmacist in the dispensary, he said. But he added: "Perhaps community pharmacy should clean up its act, stop trying to be the rich man's barefoot doctor and return to its roots."

Extended role

"Those who speak of the extended role speak with 'forked tongues'," according to Dr Roberts. "It is a search for any role, a reason for survival," he said, and criticised pharmacists for being greedy by expecting extra payment.

"Are these roles necessary?" he queried, adding that nurses, health visitors and GPs visit nursing homes and undertake chemotherapy, for example, at no expense, and do not welcome intrusion from those looking for a role in society.

Diagnostic tests in the community pharmacy were also criticised. "What on earth have they got to do with pharmacy?" asked Dr Roberts. He said that pharmacists were not qualified to perform the tests, which were at best dubious indicators and at worst alarmist.

Dr Roberts could see no justification for a pharmacist receiving payment for referring a patient to the GP. "There's as much justification for this as for me to get a fee for referring to a consultant." Pharmacists prescribing POMs would require knowledge of each patient's condition, which would be a problem if the patient was away from their home area, he said. He could also see no reason for patient medication records, which in his opinion would tie a patient to a pharmacy and seemed odd when GPs now give more choice of surgery. Advising post-operative patients over the phone without taking records was another half-baked idea, said Dr Roberts, who added that pharmacists did not want to take responsibility but wanted the fee.

Dr Roberts reasoned that extended roles would leave the pharmacist less time to carry out their "role". The extended roles could not be performed along with supervision unless a second pharmacist was employed, and pharmacists could not expect the State to pay for this and for their diminished role.

He did say that pharmacists and doctors should work more closely together, and added that if community pharmacists were better paid, this would be more realistic. However, generally hospital pharmacists were far more up to date and practised in the art of pharmacy than community pharmacists.

YPG member David Tait said he welcomed a lessening of the role of counting pills into a bottle,

because it allowed more time for patient counselling. Pharmacists are paid to counsel, he said, whereas dispensers can't and GPs don't have time. "That's why community pharmacy will have a future," he said. Dr Roberts replied that counselling will be increasingly carried out in the larger surgeries with fund-holding practices, which have "masses of money" — financial

freedom gives time, he said.

Mark Koziol, YPG public relations officer, told Dr Roberts it was a great shame he had come along with a message of doom and gloom. "Unless all of us sit down together and see how healthcare will work we'll be easy prey to the Government," he said. He suggested that Dr Roberts should use his talents in "protecting rainforests or Twycross zoo."

'Don't wait for national initiatives'

Community pharmacists should develop local schemes for improving pharmacy services, rather than wait for a national initiative which will get lost in beurocracy, said David Cousins, director of pharmacy at Derbyshire Royal Infirmary. "It's a case of doing something now without additional resources," he said, reasoning that if a free service proves valuable, it will continue if a cost is introduced.

According to Mr Cousins, there are marvellous opportunities for pharmacy in the community, but perhaps business is getting in the way, with the attitude of 'We're all friends but we're all competing.' "If three pharmacies in the area pulled together, boy, what services they could provide," he said.

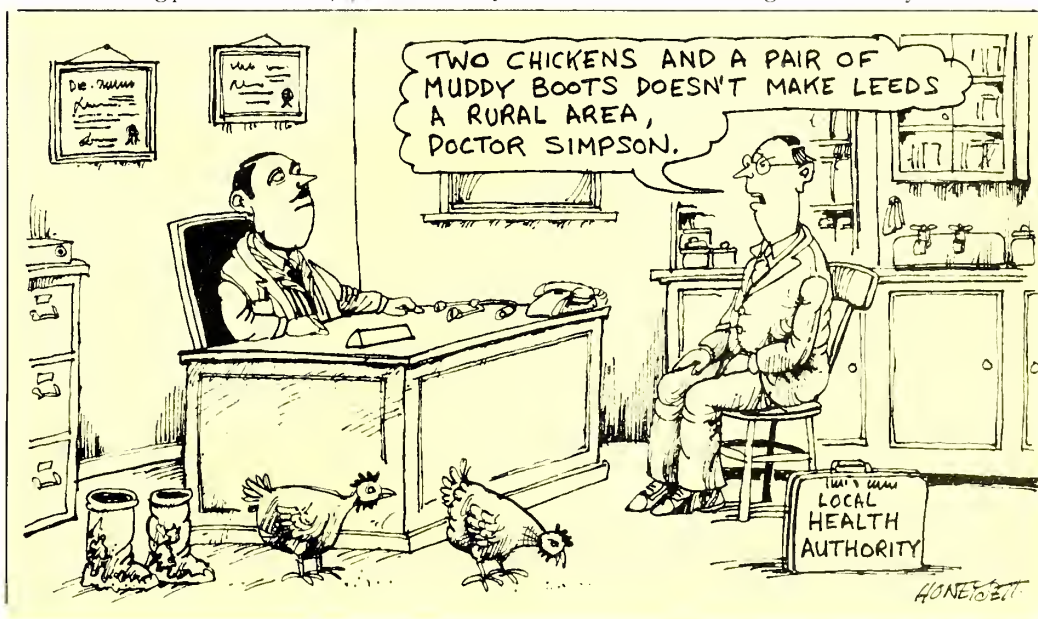
"Pharmacists are still reluctant to write things down. It's one thing to say you do something, but where's the proof?" Mr Cousins commented that community pharmacists are measured by the number of



David Cousins

scripts they dispense, but urged them to document the frequency of services such as counselling and drug interactions, for feedback to doctors, and perhaps the Family Health Services Authority. He suggested a questionnaire to determine if a particular service was beneficial. "An improvement the customer can't understand or doesn't want isn't an improvement," he said.

Mr Cousins doubted whether pharmacists could call themselves experts until they had completed a post-graduate qualification. Most GPs have two or three such qualifications, he said, and urged pharmacists to register with the College of Pharmacy Practice.



PHARMACY update

Fighting Fungi

Fungal infections or 'mycoses' cause some of the most common, as well as some of the most rare, medical problems. Janie Sheridan, MRPharmS, Boots teacher/practitioner at the School of Pharmacy, University of London, looks at those most often encountered in the pharmacy

Fungal infections are of two main types: topical, which affect the skin and mucous membranes, and systemic (or deep mycoses) which affect various internal systems.

Systemic infections

For the purposes of this article, these infections will not be dealt with in detail as they cannot be treated by the community pharmacist and require diagnosis and treatment by the doctor. The main systemic infections are:

- *coccidioidomycosis* — respiratory tract infection due to inhaled spores; usually self limiting.
- *histoplasmosis* — respiratory infection, often-cross infection from animals.
- *sporotrichosis* — skin and superficial lymph nodes affected.
- *candidiasis* (*moniliasis*) — primarily affects skin and mucous membranes (see later), but may also produce systemic infections in the lungs or GI tract. The yeast lives in the body of most individuals and is non-pathogenic as long as the ecological balance with bacteria is maintained. The use of antibiotics, immunosuppressant drugs and conditions such as pregnancy, diabetes and some debilitating diseases can upset this balance and *Candida* becomes pathogenic. The most common manifestation is in the mouth and vagina. Treatment for systemic *Candida* is with oral antifungals.

Skin infections

The skin has many functions, including protecting against dehydration, pathogenic infection



Red and fiery skin with peeling and cracking. But athlete's foot starts with itchiness and white, sodden skin. (Photo courtesy of Janssen Pharmacy Division)

and injury. Normal microflora of the skin includes *Streptococci* and *Staphylococci* and also a group of fungi called *Pityrosporum*. The occurrence of fungal infections of the skin is very common and they are caused mainly by

Trichophyton, *Epidermophyton* and *Microsporum* and are also known as dermatophytes (skin plants). As they do not have the ability to infect living tissue they are restricted to the hair, nails and the dead outer layer of the skin.

The infections occur in various parts of the body and are often known as *Tineas* (growing plants). Diagnosis of *Tinea* infection is by:

1. direct microscopic investigation
2. cultures of organisms
3. Wood's light — UV beam of light causes lesion to fluoresce.

Tinea pedis

Also known as athlete's foot, this infection is not restricted to sports people and is more common in men than women. Around 10 per cent of the population in the UK will be suffering from this at any one time.

The infection can be spread by floors contaminated with infected scales of skin, for example in swimming baths and showers, and by sharing infected towels. Because the organism thrives in moist, warm conditions, hot weather, occlusive footwear and excessive sweating are all factors which increase the likelihood of infection.

The infection usually begins in the cleft between the fourth and fifth toe, where the skin will crack and flake and may be very itchy. The infection may spread to the soles of the feet and nails (which may become distorted). In severe infections, the area will be macerated and purulent, possibly due to a secondary bacterial infection. In this case, referral is necessary.

The infection (as with other *Tineas*) may be confused with contact dermatitis, but the characteristic peeling and cracking skin between the fourth and fifth toes will help to identify the infection. Incorrect diagnosis and subsequent treatment with hydrocortisone may exacerbate the infection. Topical antifungals are an effective treatment.

Tinea cruris

This affects the groin and perianal region and is also known as "Dhobie itch". It is more common in men than women and it is usually seen on both groins. The lesions are red-brown in colour, ringlike with raised borders and will be very itchy. They are unlikely to be dry and scaly due to the damp nature of that area. This may also be confused with contact dermatitis or with psoriasis.

Sweating, friction, obesity and poor hygiene can all be predisposing factors. If unsure of the diagnosis, and as the position of the infection may cause embarrassment to the patient, it would be better to refer.

Tinea corporis

This infection is commonly called "ringworm" and is limited to the non hairy parts of the body. The lesions may be simple or multiple scaly, circular patches. The edge of the patch is often raised and may extend to a diameter of several inches.

Cross infection from animals, especially household pets, is common as is infection due to flakes of skin from an infected person. Therefore, it is essential to launder all clothes and not to share them.

Tinea capitis

Tinea infections of the scalp used to be very widespread, but are not often seen now in this country. It is more likely to affect children. The first signs of infection will be small red patches on the scalp which increase in size, to 2-3 inches in diameter. Eventually the hair follicles are affected and the hair breaks off just above the scalp leaving patchy areas of baldness and scaly skin. The areas may become raised and damp.

The infection is best treated with systemic antifungals so the patient should be referred. As the condition is extremely contagious, advice from the pharmacist should include the need to launder all towels, and not to share combs and brushes. It is also advisable to inform schools if children are affected. The patient should wash the hair daily to remove any loose hair and skin.

Tinea barbae

This fungal infection affects the beard. The hair becomes brittle and loose and there may be some alopecia. The occurrence of *T. barbae* is uncommon and infections of this area of the body are likely to be bacterial. However, due to cross infection, it should be suspected in men working with farm animals.

Topical antifungals may work, but as systemic treatment may be needed, referral is best.

Tinea unguinum

Tinea infections of the nail cause the nails to become distorted, discoloured, thickened and ridged. It is more common in toenails than fingernails and may be a source of infection to the hands and feet. This infection is difficult to treat and referral for systemic treatment is the best course of action.

Tinea versicolour

Young adults are most commonly affected by *T. versicolour*. Lesions are pale brown, flat and irregular. They show up more when the individual has been sunbathing as the lesions fail to become brown and appear as pale patches. The back and chest are usually affected.

The infection responds well to treatment with a 2.5 per cent solution of selenium sulphide or a 20 per cent solution of sodium thiosulphate. Although the treatments are available from the pharmacy, patients should first be referred for diagnosis as it may be confused with vitiligo.

Other infections, such as *Tinea nigra* (brown lesions of the hand and foot) and black and white Pedra are associated with South and Central America and Asia and should be suspected in recent travellers to these regions, with skin lesions.

Treating Tinea

Various topical preparations are available from the pharmacy and are effective when used correctly and when other healthcare advice is complied with.

Imidazoles

Drugs in this group include miconazole, clotrimazole, econazole. They are available as creams, powders, liquids and sprays. The type of product suggested with be determined both by the site of the infection and patient preference.

Typical treatment for *T. pedis*, *T. cruris* and *T. corporis* is the application of the creams two to three times a day to clean and thoroughly dry skin, until two weeks after the lesions have healed. Powders are useful in conjunction with creams in *T. pedis* and *T. cruris* as they absorb moisture which provides an ideal growing environment for the dermatophyte.

However, imidazoles tend to be fairly expensive, and an ordinary dusting powder sprinkled in socks and shoes, and between the toes in conjunction with

treatment with an imidazole cream is very effective. Liquids may be used to treat *T. unguinum*, but systemic treatment is more effective.

Undecanoates

These drugs, based on undecanoic acid, are reported, at best, to achieve a 50 per cent cure rate. While they have been superseded by the imidazoles, they have a role to play in treating mild *T. pedis* infections and are also used because they are cheap. Treatment is again two to three times a day until two weeks after the lesions have healed and the powders can be recommended for prophylaxis.

Other treatments include benzoic acid compound ointment (Whitfields ointment) applied twice a day for several weeks. Tolnaftate cream is very useful for *T. pedis* and has a reported 80 per cent cure rate. However, it is not so effective where the skin layer has become thickened. A solution of 0.1 per cent potassium permanganate diluted seven times with water and used as a foot bath is effective for *T. pedis*, but may not be liked by patients.

Other advice to patients should include the need for good hygiene, for example changing socks/underwear regularly and keeping the affected areas clean and dry. Patients should not share towels or clothing and those with *T. pedis* should not walk around barefoot until lesions have healed.

Candida infections

The main cause of *candida* infections in man is *Candida albicans*. This is part of the normal flora, especially in the bowel and the yeast has the ability to penetrate tissues. When conditions are right the organism becomes pathogenic and can affect skin, vagina, mouth and also the eye, bones and urinary tract.

Candida vaginalis

C. albicans present in the genital area can become active during pregnancy, or after treatment with antibiotics (especially broad spectrum compounds such as tetracyclines, ampicillin). Predisposing factors include diabetes, Addison's disease and hyperthyroidism.

Wearing tight, synthetic clothes provides a good environment for the yeast so cotton underwear should be worn and infected underwear should be thoroughly laundered at high temperatures. Also, the male sexual partner, while not obviously affected may re-infect the female during sexual intercourse and the use of a topical imidazole may be recommended

for him.

The symptoms of *C. vaginalis* (or "thrush") include a thick, white vaginal discharge, erythema and intense itching in the vaginal area. This itching and burning sensation may be aggravated by sexual intercourse and urination. It is also possible that the infection has been caused by poor "toilet" hygiene and passed on from faeces to the vagina.

Patients who have not experienced these symptoms previously should be referred. However, most females who have had thrush before will recognise the symptoms and may be sold a topical imidazole cream for use externally, to relieve symptoms. Also bathing the area with a dilute sodium bicarbonate solution often relieves the burning and itching. The use of sanitary towels rather than tampons, if the infection occurs during menstruation, should be advised. Further treatment with intravaginal medication is usually required, so referral is necessary.

For many women, the condition recurs frequently, and is extremely uncomfortable and aggravating. Douches with dilute live yoghurt have been suggested both for prophylaxis and for treatment of mild thrush.

Candida of skin and nails

Candida of the skin usually occurs in skin folds, in hot sweaty areas, eg the groin, under the breasts, under the arms and in finger and toe webs. The skin becomes red, itchy and blistered and may peel at the edge of the lesion. Treatment with topical imidazoles is effective, but if unsure of the cause of the lesions, refer.

The infection is often seen under babies nappies, where it has been passed from the bowel to an ideal growing environment. Referral is required and parents should be advised to change the nappy frequently and keep the area clean and dry, and avoid using plastic pants on top of the nappy.

Candida infections of the nails begin around the cuticle and the area maybe very tender and pus may be present. Topical imidazoles may be used to treat this. The nail eventually becomes deformed, thickened and lost. At this stage the infection maybe very resistant to topical treatment. Always refer children.

Candida of the mouth

The infection is especially common in young babies and the elderly. In the elderly it is often associated with ill fitting dentures. Symptoms include white patches inside the mouth on the cheeks and tongue and the patches may eventually join up to form a white,

Continued on p960

curd-like surface. If the patches are rough and difficult to scrape off, this may indicate chronic hyperplastic candidiasis and patients should be referred as there may be an involvement with cancerous changes. Referral is advised, especially in newborn babies.

Preparations available for treatment of mild oral thrush caused by denture rubbing, include miconazole oral gel, formulated to stick to the inside of the mouth. Advice on good oral hygiene is essential.

Facts on fungi

Fungi are relatively simple plant-like organisms and include moulds and yeasts. There are around 75,000 species, of which only about 50 are pathogenic. Because of their inability to make their own food (they cannot photosynthesise), they survive by parasitising living organisms or living off plants and organic material.

Most fungi are multicellular organisms and consist of an actively growing portion called the thallus and branching filaments called hyphae. The network of hyphae is known as a mycelium. Fungi gain nutrients by absorbing water, minerals and sugar. They may secrete enzymes to break down complex carbohydrates.

Infection	Symptoms and causes	Treatment and practice points
<i>Tinea pedis</i>	Skin cracked, itchy, possibly blistered. Made worse by occlusive footwear, poor hygiene. May be confused with contact dermatitis.	Keep area clean and dry. Launder socks and change them frequently. Do not share towels. Cover feet. Tolnaftate or imidazole cream first choice of treatment, 2-3 times a day and for 2 weeks after lesion heals. Powder in socks and shoes.
<i>Tinea barbae</i>	In beard of men. Rare. Seen in men who work with farm animals	Do not share towels, shaving equipment. Treatment with imidazoles. If unresponsive to treatment — refer.
<i>Tinea corporis</i>	Maybe from animals. Ring-like lesions with raised edge, itchy. Possible malaise in children.	Thorough laundering of clothes and bedding. Treatment as for <i>Tinea pedis</i> , but may take several weeks.
<i>Tinea cruris</i>	Sweat, friction and poor hygiene may be responsible. More common in men. Seen on both groins.	Launder clothes and wear loose cool clothing. Keep area clean and dry. Treatment as for <i>Tinea pedis</i> . Powders useful to keep area dry.
<i>Tinea capitis</i>	Hair becomes brittle and snaps off. Red lesions. Very itchy. More common in children. Very contagious.	May be resistant to topical treatment so may require systemic treatment.
<i>Tinea unguinum</i>	Nail becomes distorted and discoloured.	As above.
<i>Candida vaginalis</i>	Thick, white discharge. Itching, redness and burning. Referral for treatment.	Topical clotrimazole may relieve symptoms. Also dilute sodium bicarbonate solution. Wear loose cotton underwear.
<i>Candida of mouth</i>	Mainly in babies and the elderly. White patches inside mouth may spread to cover a large area. If lesions are rough and difficult to remove, refer.	Refer especially in newborn babies. For simple infection in adults, miconazole oral gel and good oral hygiene.
<i>Candida of nail and skin</i>	In nails, starts at nail base. In skin, usually in skin folds.	Best to refer if unsure. Often confused with other infections. Topical imidazoles may be used.



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BUSINESS NEWS

LIG move into photographic

The London International Group have made an offer to acquire the entire share capital of Cross of Enfield, who trade as Regency Film Services, for £3.6 million. LIG estimate the assets of Cross of Enfield to be worth some £2m.

The board of Cross of Enfield are recommending their shareholders accept the LIG offer. LIG say they have already received "irrevocable" undertakings for more than 60 per cent of the Cross shares.

Jacksons buy Potter's

Following their acquisition of the Zubes brand from Roberts Laboratories, Ernest Jackson have bought Potter's Catarrh Pastilles from Booker Nutritional Products for an undisclosed sum.

The company, believed to be the largest UK pastille manufacturer, has been making Potter's for many years; now they will also be responsible for all aspects of their sales, marketing and advertising.

Jacksons say they are planning a major promotional campaign for Potters. "Potter's Catarrh Pastilles are a natural addition to our product range," said managing director Lee Walker.

Tillomed Laboratories have moved to Unit 2, Campus 5, Letchworth Business Park, Letchworth Garden City, Hertfordshire, SG6 2JF. Tel 0462 480344; fax 0462 482213.

Brevet Hospital Products are moving at the end of June. The company's new address will be: Unit 17, Barncoose Industrial Estate, Wilson Way, Redruth, Cornwall, TR15 3RQ. Tel 0209 219097; fax 0209 313021.

Aramis have moved to new offices. The new address is 71-73 Grosvenor Street, London, W1X 0BH. Tel 071-493 9271; fax 071-409 6950.

Roche buy Nicholas as Sara Lee exit OTC

Roche Holding are to buy Nicholas Laboratories from the Sara Lee corporation for \$821 million. The move represents a refocusing on their household and personal care core businesses for Sara Lee and consolidation in the European OTC market for Roche.

Nicholas was acquired by Sara Lee in 1984 when they bought Nicholas Kiwi, the manufacturers of pharmaceutical, toiletry and household products. Nicholas Laboratories employs over 900 people and generates over SF300 million in annual sales in 25 countries.

The Nicholas healthcare operations are the only businesses affected by the sale. "Although Nicholas remains a very successful business, we concluded that it does not complement the operational strategy of our household and personal care activities," said a Sara Lee spokesman.

The price negotiated by Roche includes \$23 million to cover a loan from Sara Lee to its subsidiary Nicholas.

A spokesman for Roche said the acquisition was a significant move towards building up a major presence in the European OTC market. The transaction will be concluded on receipt of necessary government approvals.

It is not yet clear whether Roche are paying cash for the business, but they are believed to have built up a significant cash pile, of around \$7 billion, when they were bidding for Sterling Health in 1988. Sterling Health went to Kodak and Roche were later to buy Genentec, but they are still believed to have been sitting on some \$4.3 billion in cash and marketable securities following that purchase.

Commenting on the purchase of Nicholas, Franc Gregori of analysts Flemmings Research told C&D: "Lots of commentators are saying the price is too high, but the Nicholas business is very attractive with a sizeable

infrastructure right across Europe. Very few OTC companies have that.

"I expect the OTC market to grow at 8 to 10 per cent — a good rate of growth in anybody's view. Partly this will be due to the pressure from governments to keep healthcare bills down, which will put more onus on individuals to treat themselves. There is also a trend for people to be more interested in their own healthcare, which should increase demand for OTC products.

"The sale makes sense for Sara Lee in as much as all the other OTC companies except Procter & Gamble are in pharmaceutical-based groups."

Mr Gregori said that before the purchase Roche's OTC business, based on vitamins, lacked mass. The Roche Group sales last year were over SF9.6 billion.

Unichem buy three more pharmacies

Capital gains tax changes have led to a flood of pharmacists wanting to sell their pharmacies to Unichem for its franchise scheme, according to a spokesman for the company.

Unichem have bought three more pharmacies; the Red Rose Pharmacy in Salisbury, Hicklings Pharmacy in Christchurch and Blakes Chemists in Strathaven, making 14 purchases in total since the launch of the franchising scheme in March.

"The age reduction from 60 to 55 at which retirement relief can be claimed on capital gains tax has led to a vastly increased volume of pharmacists approaching us with a view to sell," says Unichem chief executive Peter Dodd.

Unichem is paying £525,000 for the three businesses, which have a combined annual turnover of some £1.2 million.



Chemex exhibition manager Maurice Hoare (second right) shows the floorplan for the September 29-30 show to exhibitors at Wembley. This year Chemex will occupy 10,000sqm in two linked single level halls. Features this year include a larger NPA village, a demonstration area, and more stand events over both days. Commenting at a presentation to highlight opportunities available at the Show Mr Hoare said: "It can be the most important promotional opportunity of the year." Also pictured are (l-r) James Macaulay of Crescent Installations, Mike Dolphin of Loughton & Sons, Roy Johnston of Paul Murray Ltd, Martin Cartwright and Glenis Poletti (Loughton)

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AAH buy, close and build in rationalisation programme

AAH Holdings have bought the Grimsby branch of Barclay & Sons from SOT Healthcare for an undisclosed sum. Sales for the branch in the 12 months to completion were around £16 million.

The Stoke on Trent branch of Barclays remains in the hands of SOT. AAH also plans to close the Reading branch of Herbert Ferryman at the end of the month.

Meanwhile, a 150,000sq ft depot under construction at Warrington is expected to be commissioned towards the end of the year.

AAH marketing director Alan Turner told *C&D*: "The Barclays purchase will extend our area of coverage in Humberside and Lincolnshire, where it has been relatively weak in the past.

"The customers will benefit. The stock levels at Barclays' Grimsby depot have not been at the levels we would want and we will raise them."

AAH supplies the hospitals in the area from its Leeds depot and will continue to do so. However, Barclays at Grimsby have a full ethical service for pharmacists.

The closure of Ferrymans at Reading is part of AAH's rationalisation programme, says Mr Turner, which has also recently involved the closure of AAH's Huddersfield branch, Henry Sykes & Sons, with customers now being serviced by AAH's Leeds branch.

"We are looking at the best use of the space we have," says Mr Turner. "At Reading we have branches quite close to each other."

Ferrymans at Southampton will continue to trade as normal and retains its Numark service. "Customers at Southampton will be able to participate in the Numark franchise scheme."

With the completion of the

company's new depot at Warrington, the existing depots at Warrington and Heywood will be closed.

"There will be no redundancies at Warrington," says Mr Turner, who also plans to try and place "as many people as possible," from Heywood in the new depot.

"We are rationalising, not necessarily reducing. We see that large automatic order processing pays dividends, but a reasonable number of depots helps to service customers as well. We believe in a mixture of large and small.

"AAH will continue to grow market share by our traditional methods of service and programmes," Mr Turner said.

NAPD. The director's words concerning emergency services (*C&D* May 25, p877) were taken out of context and should not have implied that only regional wholesalers provided such a service. NAPD says it is well known that AAH was in fact the leader in developing emergency services which they continue to provide nationwide.

Restructuring Ares-Serono

The Ares-Serono Group have announced a new regional management structure for their pharmaceutical division and have named four regional vice presidents. The company now operates on a regional basis, dividing world markets into Europe, North America, Latin America, Japan and International Business Operations.

Francisco Rubio-Sandi is the new vice president, Europe.



"King Henry VIII" and "Anne Boleyn" visit AAH's own stand at the Tudor themed family fun day and trade show at Hever Castle, Kent, last Sunday. More than 4,000 key AAH Pharmaceuticals customers and their families enjoyed minstrels, clowns, stilt walkers and magicians, and a walk round the stands of more than 30 suppliers

Alchemist Version 3

Chemtec Systems have introduced Version 3 of their Alchemist computer software. It features a new dosage entry system, quick intelligent dosage system (QIDS), which identifies the type of drug dispensed and produces the appropriate dose presentation.

Other improvements include

the ability to hold customer accounts and to label multiple uneven pack sizes. Existing users will receive Version 3 free as part of the maintenance service.

During June, Chemtec will be promoting Version 3 with prize draws organised in conjunction with a number of independent wholesalers.

COMING EVENTS

Weleda day

Weleda are offering the chance to see how homeopathic medicines are made and to tour their herb gardens in Ilkeston, Derbyshire.

The open day, planned for July 14 (10.30am-5pm) will also feature films, videos and talks by a vet, doctor and dentist.

Admission costs 50p (senior citizens 25p, under-16s free). For details call Penny Viner on 0602 309319.

Advance information

Scottish Executive RPSGB. 150th anniversary family day, reunion and trade show Scone Palace, June 23. Dr L.C. Howden on 031-556 4386.

Beauty International. Exhibition at Olympia 2, London, from June 23-25.

Trades Exhibitions 071-262 2886.
National Pharmaceutical Association. Management training course at Dean & Smedley Ltd, Burton-on-Trent, June 24-25. Cost £250. Details on 0727 832161.

IBC Technical Services Ltd. "Rheumatoid Arthritis" conference in London, June 24-25. Details from Catherine Barrett on 071-236 4080.

British Association of Pharmaceutical Physicians. "The European dream in 1993 — a flexible strait jacket" symposium at the Royal Society of Medicine, June 25. Elizabeth Borg 071-491 8610.

Scan Tech UK. Exhibition and conference on automatic data capture, Birmingham NEC, June 25-27. Details from AIM UK on 0422 359161.

RPSGB Industrial Pharmacists Group. "Drugs and the GI tract" at Society's headquarters, June 27 at 10am. Dr J. Clements on 071-735 9141.

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BLACKBURN, BURNLEY, GREATER MANCHESTER - Locums required for full/half days, evenings and weekends. Tel: 0204 700634 (day), 061-723 3859 (evenings and weekends).

CASTLEFORD - Locum required for either Friday/Saturday on regular basis. Contact: K. Cottrell 0532 667404.

COVENTRY AREA - Part-time locum pharmacist required on regular basis for suburban pharmacy. Hours by arrangement. Tel: 0203 614072 (day), 0203 542729 (eve).

READING - Pharmacist required for regular evenings, 5.30pm - 8.30pm. Tel: Mrs Gilks, 0734 418681.

SOUTH YORKSHIRE - Locum required for two weeks in June, July, August or September. Tel: Rotherham 0709 582183.

SOUTH EAST LONDON AND SPAIN - Locum/Manager, 5½ day week. Pending or recently registered welcome. Accommodation available. Use of company flat in Spain. Also locums for regular and odd days. Tel: 081-316 7355 (day) or 081-859 3582 (eve).

PHARMACISTS (PART-TIME)

ACCINGTON - Pharmacist required to cover Wednesday mornings and/or Saturdays (all day or afternoons only). Contact: Ian Espley on 0254 235331 (day), 0254 53506 (evenings).

WALTHAMSTOW, LONDON E17 - Pharmacist for one/two evenings per week. Good rates of pay, good supporting staff. Tel: Brian Deal 081-520 5081 (9am-7pm).

STOCKPORT AREA - Part-time pharmacist 2½-3 days a week to assist in the running of a newly acquired pharmacy in this area. Tel: 061-427 3336, in working hours.

ROMFORD, ESSEX - Part-time pharmacist for in-store pharmacy on regular evenings/Saturdays. Five minutes from exit 28/29 off M25. Tel 04023 42196 or 04024 48264.

To: Business Link, Chemist & Druggist, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

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First name

Personal RPSGB Registration Number

Telephone number

Pharmacy stamp

Proposed advertisement copy (maximum 30 words)

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To be included under section heading

Signed Date

ABOUT PEOPLE

New Fellows

The Royal Pharmaceutical Society have elected ten new Fellows, five of whom are community pharmacists.

Honoured for distinction in the profession of pharmacy are: **Deric Clifford Evans**, a community pharmacist instrumental in developing close liaison between the local pharmaceutical committees and district pharmaceutical officers in the City and East London area; **Ann Doris Marsden**, a community pharmacist, former chairman of the Welsh Executive, and course tutor for continuing education in North Wales; **Jon Robert Vernon Merrills**, deputy chief

pharmacist at the Department of Health; **Kenneth Richard Charles Rew**, chairman of Gwent Family Health Services Authority; and **Ashwinkumar Tanna**, community pharmacist and Council member from 1985-1991.

Awarded for distinction in the practice of pharmacy were **Anthony Derek John Balon**, a community pharmacist, Mablethorpe Research Fellow and CPP examiner; **David Ian Robert Begg**, industrial pharmacist, former principal medicines inspector at the Medicines Division of the DoH; and **Ivan Heywood Stockley**, lecturer at the University of Nottingham.

Two Fellows were awarded for distinction in the science of pharmacy. They are **Fred John Evans**, Professor of pharmacognosy and **Richard John Pinney**, head of microbiology, both at The School of Pharmacy, University of London.

Major pipped at the post

Prime Minister John Major, currently finding the going tough in the opinion polls, may draw some comfort from his performance in a recent poll to find Britain's most healthy, well-balanced man.

Pharmaton Multivitamins asked over 200 GPs to name well known men and women who epitomised the ideal healthy, most well-balanced person.

Mr Major was beaten into second place by athlete Daley Thompson but political rivals Neil Kinnock and Paddy Ashdown failed to feature at all. Mr Major also scored above Sebastian Coe, Gary Lineker, actor Harrison Ford and golfer Nick Faldo.

Among the women, Jane Fonda topped the poll with TV personality Anneka Rice a close second. An unlikely grouping of Joan Collins, Madonna and Sharon Davies tied for third.

Ex-premier Margaret Thatcher managed sixth but will no doubt be pleased to find she finished ahead of Steffi Graff, Princess Diana and Sue Lawley.

Tennis date

Maurice Waldman, organiser of the American doubles tennis tournament for pharmacists and associated professionals, has announced the date — July 14. The venue is Brentwood's Clearview Tennis Centre and Mr Waldman would welcome any late entries. Contact 0277 211599.

Rimmel ad

The winner of Rimmel's creative advertising award competition, commissioned for St Martin's School of Art, was Emma Goodman. The brief was to design a Press advertisement to the format of Rimmel's current campaign. The winning design was a monochrome illustration of a woman making up in a mirror, created using kohl pencil and lipstick.

Hunt in the USA

Pharmacist Liz Hunt, erstwhile technical editor on *C&D*, and currently a medical correspondent for *The Independent*, is about to spend three months in the USA working on the *Washington Post*.

Liz has won "a sort of scholarship" known as the Laurence Stern Fellowship. Her July to October stint on the *Post* will be followed by a month's work-related travel.

"The Americans were intrigued by the fact that I was a pharmacist who had moved into journalism. Pharmacy is much more highly regarded in the US than here and the *Washington Post* editors who interviewed me seemed amazed that I hadn't wanted to practice pharmacy," Liz said.

Gavin Bell is Group V-P

Whitehall Laboratories have appointed Gavin Bell, managing director of Whitehall UK since 1986, to the position of group vice-president, Europe. He will assume overall responsibility for the total Whitehall business with seven European operating companies reporting to him.

David Beauchamp succeeds Mr Bell as managing director; formerly he was the sales and marketing director.

Cosmetics Plus have appointed two members of staff to the board of directors. Colin Jenner is promoted to operations director and Pat Lloyd becomes director of sales and marketing.

Hugo Personal Care have appointed Mike Hackney as business development manager responsible for major regional grocery multiples. Mr Hackney was previously national accounts manager with Reckitt & Colman.



Priyesh Desai (left), winner of the Nurofen "Driving Ahead 1991" promotion, receives the keys to his 1.4 LX metallic silver Ford Escort from Alison Williamson, senior product manager for Nurofen, watched by national sales manager John Edwards and regional sales manager Richard Crawford (right)

DEATHS

Don McIntosh, United Nations Drug Control Programme, on May 26 in the air disaster over Bangkok. **John Gerrard**, senior inspector, SE Region Drugs Inspectorate writes: At the time of his death, Don was on secondment from the Home Office to the UNDCP as a senior field advisor. Don was responsible for the UNDCP's projects of assistance to Governments in

South East Asia and helped draw up new projects. Prior to his secondment, Don worked in the Home Office Drugs Inspectorate from 1975 to 1987, first in our Northern regional office and latterly in London. There will therefore be many people working in the UK pharmaceutical industry that knew and had worked closely with Don.

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